

5. No. 2
M-5-43
5-17-39
I X36671

Registration District No. 361
FILED MAY 14 1948

Primary Registration District No. 6226

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Vermon colo

(c) Name of hospital or institution:
West of Nevada 1 1/2 miles

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Patterson 999

(c) City or town Amarillo 41

(d) Street No. 826 Florida Street 0

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME Fitzhugh Lee Edwards

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21
year 46 hour about minute 1 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____, alive _____ years

7. Birth date of deceased April 14, 1898

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 48 Months 0 Days 7

If less than one day _____ hr. _____ min.

9. Birthplace High Hill Ark

(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Mack Edwards

13. Birthplace Unknown - 9

14. Maiden name Martha Jones

15. Birthplace Unknown N. Carolina

MOTHER FATHER

16. (a) Informant Scott M. Edwards

(b) Address Amarillo, Texas

17. (a) Funeral (b) Date thereof 4-23-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amarillo Texas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury 3

23. Signature Mack Edwards (M. D. or other) _____

Address Nevada, Mo Date signed 4-22-48

18. (a) Signature of funeral director Beisinger Funeral Home

(b) Address Nevada, Mo

19. (a) 4-24-46 (b) Beisinger

(Date received local registrar) (Registrar's signature)

MAY 20 1946

RECEIVED

Office No. 7,
4-46-433
5-13-46

MAY 21 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 2656
P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 361

Primary Registration District No. (6226)

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Cole
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Fitzhugh L. Edwards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased April 14
(Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days _____ (If less than one day) _____
hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) Bertha Single
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1946 hour _____ minute _____ M. 21
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2025 RELEASE UNDER E.O. 14176

15484