

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

FILED MAY 16 1946
Registration District No. **120**

Primary Registration District No. **5444**

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 50 year
years, months or days

3. (a) PRINT FULL NAME James Henry Edgell

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 W

6. (b) Name of husband or wife Sarah A. Shaw

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

7. Birth date of deceased Feb 28 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired hardware

11. Industry or business Dealer

12. Name William Edgell

13. Birthplace Ind. Ind
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Caldwell

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

16. (a) Informant Family records

(b) Address _____

17. (a) Removal (b) Date thereof 5/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Ind

18. (a) Signature of funeral director Albany Mo

(b) Address _____

19. (a) May 6 - 1946 (b) Horner W. Motter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry **38**

(c) City or town Albany **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1946, to May 4, 1946.

that I last saw him alive on May 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **6 hours**

Due to Hypertension

Due to _____

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

Major findings: \$30

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? _____

(Specify type of place) _____ Means of injury _____

While at work _____

23. Signature Charles N. Williamson (M.D. or other) **00**

Address Gentry Mo Date signed 5-4-1946

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address Albany 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.