

FILED SEP 23 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1044

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
507 1/2 South 6th. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 507 1/2 South 6th. Street 7
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th.
year 1946 hour 1, minute A, M.
21. I hereby certify that I attended the deceased from viewed
Sept 16th 46 to _____, 19____.

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____
While at work? _____ (e) Means of injury Coroner 3
23. Signature B.W. Tacklock (M. D. or other) _____
Address King Hill Bldg Date signed 9/16/46

3. (a) PRINT FULL NAME Mrs. Edna Gray Edwards
3. (b) If veteran, name war No 3. (c) Social Security No. 491-09-1421

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Edwards 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 19 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 27 hr. _____ min. _____

9. Birthplace Union Star Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business _____

12. Name Charles Conyers /
13. Birthplace Unknown /
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Spengler
15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma McDonald

(b) Address 1212 No. 18th St., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 9/17/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Sept. 18, 1946 (b) J. Neelbush
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *Elbert C. Harrington*
Licensed Embalmer No..... *3258 Mo.*
P. O. Address..... *St. Joseph, 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.