S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31056

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 141

1. PLACE OF DEATH:

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Burlington Junction
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl A. Edmonds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Fred Edmonds

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 27, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	20	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Harvey Dolph
13. Birthplace (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Mary Frame
15. Birthplace (City, town, or county) Ind (State or foreign country)

16. (a) Informant Fred Edmonds
(b) Address Burlington Junction, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo

19. (a) Sept 21 1946 (Date received local registrar) (b) Bess Hold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1946 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from May 20 1946, to Sept. 17 1946
that I last saw her alive on Sept. 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Right Ovary Involved

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

49A

Duration

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

23. Signature Chas. T Bell (M. D. or other)

Address Maryville Mo Date signed 9/17/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....W L Gee.....

Licensed Embalmer No.....2539.....

P. O. Address.....Maryville 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.