S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32488

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton (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 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Warrenton (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emmeline Elizabeth Edwards

3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. I. Edwards
6. (c) Age of husband or wife if alive 92 years
7. Birth date of deceased August 29, 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	0	4	hr. min.

9. Birthplace Zanesville, (City, town, or county) Ohio (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Bell
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Mary Ann Kilpatrick
15. Birthplace Zanesville (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. W. J. See
(b) Address 8915 Eager Rd., St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.
18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.
19. (a) 9-6-46 (Date received local registrar) (b) Mrs. Fred Morsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1946 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from November 18, 1942, to Sept. 2, 1946 that I last saw her alive on Sept. 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Intestinal Hemorrhage — Duration 7 days.
Due to Gastro-Enteritis Complicated by Duodenal Ulcer.
Due to
Other conditions Senility. (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

117B

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 0

23. Signature Wm H Dyer (M. D. or other)
Address Warrenton, Mo. Date signed 9-3-46

375 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-73
Date Filed 9-9-46

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 John J. Kneberg

Licensed Embalmer No. J 3897

P. O. Address Warrenton, M

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.