

V. S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV. 25 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1284

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:
At her home - 1019 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
Entire life. (Specify whether 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. 1019 Olive Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Mary Bertha Edson.

3. (b) If veteran, No name war

3. (c) Social Security No. No.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 9th, 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	8	8	hr. min.

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

10. Usual occupation Schoolgirl.

11. Industry or business

12. Name Benjamin Edson.

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

14. Maiden name Bertha Eyle
Fayette, Missouri.

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

16. (a) Informant Mrs Benjamin Edson.

(b) Address 1019 Olive Street-

17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Missouri

18. (a) Signature of funeral director Mrs. E.R. Sidenfeller

(b) Address 602 South 10th Street

19. (a) Nov. 20, 1946 (b) Joyce Mann Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17th
year 1946 hour 8- minute 45 P M.

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

Immediate cause of death Acute Endocarditis

Due to acute Bronchopneumonia

Due to

Other conditions

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?

While at work? (Specify type of place) Means of injury

23. Signature J.P. Elliott (M. D. or other) Date signed 11/18/46
Address 8015 Tower, St. Joseph, Mo.

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 Mollie E. Sidenfaden Fox
Licensed Embalmer No. 4235
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.