

FILED JAN 7 1947

State File No. \_\_\_\_\_

5366

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1737 Charlotte |  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 22 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL") 8  
 (d) Street No. 1737 Charlotte  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick B. Edmonson

3. (b) If veteran, name war World War II 3. (c) Social Security No. 511-14-1203

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Arlene Edmonson 6. (c) Age of husband or wife if alive 19 years  
 7. Birth date of deceased April 7, 1924  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 8 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Chaffeur

11. Industry or business \_\_\_\_\_

12. Name George W. Edmonson

13. Birthplace California, Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Lena Emerson

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

16. (a) Informant Retha Jones

(b) Address 1819A Vine Street

17. (a) Burial (b) Date thereof 12/26/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director William Bond

(b) Address 1729 Lydia Ave.

19. (a) 12-23-46 (b) Therese Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13  
 year 1946 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov 26 1946 to Dec 13 1946  
 that I last saw him alive on Dec 13 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Influenza  
 (Include pregnancy within 3 months of death) 17 days

Major findings:  
 Of operations 0 330

Of autopsy CS

Duration  
9 days

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? C-K.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 10

23. Signature Dr. Miller (M. D. or other) \_\_\_\_\_

Address 165 E. 18th St. Date signed 12-16-46

MOTHER FATHER

*Dr. D. M. Miller*

**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 *J. Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**