

No. 2
-8-43
5-17-39
X37823

FILED FEB 5 1947

Registration District No. 375 Primary Registration District No. 6283 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Wright

(b) City or town St. George Rural Elk Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At his home
1 1/2 miles west of St. George
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town St. George Rural
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1 1/2 miles west of St. George
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME GLEN BURL EDWARDS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 12 Year 1946 hour 12:00 minute 40 A.M.

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Edith Edwards 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: 6 (Month) 29 (Day) 1909 (Year)

Immediate cause of death: Hypostatic pneumonia

Due to: Chronic arthritis

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

8. AGE: Years 37 Months 6 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Georgev Edwards

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha E. Edwards (b) Address Hartsville, Mo.

17. (a) Burial (b) Date thereof 12 28 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cem.

18. (a) Signature of funeral director Gene E. Waldron (b) Address Hartsville Mo

19. (a) Jan. 21, 1947 (b) B. Barber (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature J. W. Worthington (City, town, or other) Hartsville Mo Date signed 12-28-46

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

MOTHER FATHER

346

RECEIVED

District Health Officer No. 6,

District File Number 147-163

Date Filed JAN 31 1947

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 *Gene E. Haldren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, 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.