

Registration District No. **297** Primary Registration District No. **6022**

1. PLACE OF DEATH:
 (a) County **Ray**
 (b) City or town **Richmond, Mo. Richmond Temp**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
County Home 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **47 Years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Ray**
 (c) City or town **Richmond, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **West Main Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **William Edwards**
 (b) If veteran, name war **No**
 (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **13th**
 year **1947** hour **10:00** minute **A.** M.
21. I hereby certify that I attended the deceased from **Dec 1 - 1947**
to **Jan 13 - 1947**
that I last saw him alive on **Jan 12 - 1947**
and that death occurred on the date and hour stated above.
 Duration _____

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Minnie Edwards**
 6. (c) Age of husband or wife if alive **70** years
 7. Birth date of deceased **August 1, 1870**
 (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
 Due to **arterio-sclerosis**
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **S3A**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
76 5 12 hr. min.

9. Birthplace: **Cardiff, Wales**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Miner**

11. Industry or business: " "
12. Name: **Unknown, Unknown 9**
13. Birthplace: " " (City, town, or county) (State or foreign country)
14. Maiden name: **Unknown, Unknown**
15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Minnie Edwards**
(b) Address: **Richmond, Missouri**
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **1/15/47**
 (Month) (Day) (Year)
(c) Place: burial or cremation: **Sunnyslope Cemetery**

18. (a) Signature of funeral director: **Quest-Lile F. Home**
(b) Address: **Richmond, Missouri**

19. (a) Jan 16 - 1947 (Date received local registrar) (b) **Malcolm Jackson (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: **E. E. Gray** (M. D. or other) **MD**
Address: **Richmond, Missouri** Date signed **Feb 4, 1947**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-25-47

JUL 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..... *Lawrence Sweet*

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.