. No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1947

Registration District No. 123

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8706

Primary Registration District No. 5458

Registrar's No. 63

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Walnut Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 yrs - 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Walnut Grove, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Thorton Edwards

3. (b) If veteran, name war N.K.

3. (c) Social Security No. N.K.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice Lillie Warren

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August (Month) 3 - (Day) 1855 (Year)

8. AGE: Years 91 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Stock & Grain

FATHER
12. Name George Edwards
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sallie Ann Pierce
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant J. M. Edwards
(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Geye A. Brown
(b) Address Walnut Grove Mo

19. (a) 3-28-47 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 20, 1947 to March 27, 1947 that I last saw him alive on March 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature W. R. Davis (M.D. or other) D.O.
Address Walnut Grove Mo. Date signed 3-28-47

106

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 47-4-38
Date Filed 4-2-47

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 Ruf Miller —, Registered Apprentice No. 459, working under my personal supervision.

Signed Gene A Bom

Licensed Embalmer No. 766 f

P. O. Address Walnut Grove 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.