

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1301 West Nelson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elmer Ellis Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna M Edwards

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Jan. 16 1883
(Month) (Day) (Year)

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

64 2 9 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Self

MOTHER FATHER

12. Name Henry Edwards

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

14. Maiden name Nancy Jane Dawson

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

16. (a) Informant Anna Mae Edwards (wife)

(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof 3/31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) MCH 31, 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1301 West Nelson St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour II minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec 19 to Mar 19
that I last saw the deceased alive on Mar 19
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Peritonitis

Due to Peritonitis

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings: Of operations 94A

Of autopsy 94A

PHYSICIAN [Signature]

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) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address 3114 Jasper Date signed 3/24/47

47-3-257

MAY 22 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 Richard Gray Lewis

Licensed Embalmer No. 4453

P. O. Address Webb City, 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.