S. No. 2
—11-10-39
. 5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

Registration District No. 64

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4109

State File No. 12786

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Charlton

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

(c) Name of hospital or institution: 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Dont know 999

(c) City or town ~~[illegible]~~ Dont know (If outside city or town limits, write "RURAL") 22 0

(d) Street No. (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? Dont know years.

3. (a) PRINT FULL NAME EDWARD-MALONE

3. (b) If veteran, name war dont know

3. (c) Social Security No. dont know

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced dont know 9

6. (b) Name of husband or wife Dont know

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

7. Birth date of deceased March (Month) Dont know (Day) 1866 (Year)

8. AGE: Years 71 | Months — | Days — | If less than one day hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

FATHER
12. Name Dont know 6
13. Birthplace Dont know (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace Dont know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Sparks 1

(b) Address Keytesville

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof March (Month) 18 (Day) 1947 (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director [illegible]

(b) Address Keytesville Mo.

19. (a) 3/30/47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 PM year 1947 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from March 26, 1947, to March 26, 1947; that I last saw him alive on March 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertension	
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 21

23. Signature J L Fetter (M. D. or other) 04

Address Brunswick Mo Date signed March 27 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-17-47

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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed H. P. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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, above space should be left blank.