

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14302
Registrar's No. 6

Registration District No. 228

Primary Registration District No. 5808

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Florence (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME John Gardner Edwards.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Georgia Edwards 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 16 1947
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business General Duties

12. Name Francis H. Edwards
13. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha Elizabeth Gardner
15. Birthplace Montgomery Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Georgia Edwards

(b) Address New Florence Mo.

17. (a) Burial (b) Date thereof 4-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prices Branch Cem

18. (a) Signature of funeral director Oland A Jones

(b) Address Bellflower Mo.

19. (a) 4-15-47 (b) Miss Mary Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town New Florence (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8
year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from SEPT 1946 to APRIL 8 1947
that I last saw him alive on APRIL 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS
SUDDEN
Due to CORONARY DISEASE 8-MO.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ Means of injury _____

23. Signature A.H. Van Dusen (M. D. or other) D.O.
Address MONTGOMERY CITY - MO. Date signed 4/9/47

Duration

✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 4-23-47
Date Filed

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.....

Licensed Embalmer No. 2973

P. O. Address Bellflower 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.