

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18531**

FILED MAY 21 1947

Registration District No. **316**

Primary Registration District No. **4075**

Registrar's No. **167**

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

1. PLACE OF DEATH: **City**

(a) County **St. Francois**

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

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **JAMES EDWARDS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Ada Edwards** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **January 1, 1874**
(Month) (Day) (Year)

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

73 **4** **8** hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph James Edwards** **9**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucenda Rickard**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada Edwards**

(b) Address **Esther, Missouri**

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

(c) Place: burial or cremation **Parkview Cemetery**

18. (a) Signature of funeral director **Sparks Funeral Home**

(b) Address **300 Taylor Flat River, Mo**

19. (a) **5-15-47** (b) **Cather Rudolph**
(Date received local registrar) (Registrar's signature) **5980**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Esther**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th.**
year **1947** hour **4:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 7**, 19**47**, to **May 8**, 19**47**, that I last saw him alive on **May 8**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death **acute coronary occlusion** Duration **48 hours**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **94A**

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? **2**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Ada Rudolph** (M. D. or other) **DO**

Address **Flat River, Mo** Date signed **5/13/47**

RECEIVED

District Health Officer No. 4
District File Number 547-728
Date Filed 5-20-47

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 Murphy L. Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.