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7-15-39  
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20653

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 5 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Republic 0  
(If outside city or town limits, write "RURAL")

(d) Street No. N. Main 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Austin Edmonds

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 441-05-2678

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10th  
year 1947 hour 7: minute 55 A. M.

21. I hereby certify that I attended the deceased from MAY 15th  
1947, to JUNE 10, 1947;

that I last saw him alive on JUNE 10, 1947;  
and that death occurred on the date and hour stated above.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Sarah Elizabeth Edmonds

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 1 1896  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to CARCINOMA of the STOMACH, WITH METASTASIS TO THE LIVER 7 MONTHS

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

71 5 9 7 hr. 55 min.

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Flour Miller

11. Industry or business Milling

MOTHER FATHER { 12. Name Newton Jasper Edmonds

13. Birthplace Phoa Ray County Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Wanland

15. Birthplace Salem Illinois  
(City, town, or county) (State or foreign country)

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)

23. Signature R. B. Mitchell \_\_\_\_\_ or other) \_\_\_\_\_  
Address Republic Mo. Date signed 6/14/47

16. (a) Informant L. Fred Jackson

(b) Address Republic, Missouri

17. (a) Burial (b) Date thereof June 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director R. E. Thurman & Co.

(b) Address Republic, Mo. by S. M. Thurman

19. (a) June 11-1947 (b) G. Florence Brittain  
(Date received local registrar) (Registrar's signature)

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

39  
0  
0

RECEIVED

Greene County Health Office,

County File Number 47-6-620

Date Filed 6-16-47

APR 16 1948

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.....

E. M. Thurman License # 3687

~~Registered Apprentice~~ No.....

working under my personal supervision.

Signed R. E. Thurman by E. M. Thurman 3687

Licensed Embalmer No. 503

P. O. Address Republic, 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.