

FILED JUL 3 1947
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County... JACKSON

(b) City or town... KANSAS CITY

(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2

(d) Length of stay: In hospital or institution... 5 DAYS

In this community... about 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... JACKSON

(c) City or town... KANSAS CITY

(d) Street No... 1100 PASEO

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME... GEORGE W. EDWARDS

3. (b) If veteran, name war... none

3. (c) Social Security No... 495-09-3530

4. Sex... MALE

5. Color or race... NEGRO

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

6. (b) Name of husband or wife... HELEN EDWARDS

6. (c) Age of husband or wife if alive... 44 years

7. Birth date of deceased... JULY 22, 1896

8. AGE:	Years	Months	Days	If less than one day
	50	10	29	hr. min.

9. Birthplace... BRYAN TEXAS

10. Usual occupation... BAR-TENDER

11. Industry or business...

12. Name... UNKNOWN

13. Birthplace... UNKNOWN

14. Maiden name... UNKNOWN

15. Birthplace... UNKNOWN

16. (a) Informant... HELEN EDWARDS (WIFE)

(b) Address... 1100 PASEO

17. (a) Burial (b) Date thereof... 6/25/47

(c) Place: burial or cremation... Highland Cemetery

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

(b) Address... 1212 Vine St., K.C., Mo.

19. (a) 6-25-47 (b) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... JUNE day... 21, year... 1947 hour... 1: minute... 03 P. M.

21. I hereby certify that I attended the deceased from... JUNE 16, 1947, to... JUNE 21, 1947

that I last saw h... IM... alive on... JUNE 21, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death... RESPIRATORY FAILURE

Due to... HYPERTENSIVE HEART DISEASE WITH CEREBRAL VASCULAR ACCIDENT

Due to...

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?...

(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) M. D.

Address... GENERAL HOSPITAL NO. 2 Date signed... 6/23/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St., K.C., 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.