

No. 2
5-43
17-39
X38671

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

FILED AUG 4 1947

Registration District No. **233**

Primary Registration District No. **3074**

Registrar's No. **59**

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Sikeston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
232 N. Ranney 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 64 yrs years, months or days)

3. (a) PRINT FULL NAME EMILEE SOPHRIA EDMONDSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 21, 1867
 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace New Homberg Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

MOTHER, FATHER
 11. Industry or business _____
 12. Name Henry Tanner
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Elizabeth Randall
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C M Harris
 (b) Address Sikeston Mo
 17. (a) Burial (b) Date thereof 5/27/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sikeston Mo
 18. (a) Signature of funeral director Weld Funeral Home
 (b) Address Sikeston Mo
 19. (a) 7-27-47 (b) Mrs G F Henry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott 100
 (c) City or town Sikeston 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 232 N. Ranney 3
 (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 25
 year 1947 hour 11 minute 00 P. M.
 21. I hereby certify that I attended the deceased from May 25, 1947, to May 25, 1947;
 that I last saw him alive on May 25, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 6 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy 93K

22. If death was due to external cause, 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 0
 23. Signature G F Henry (M. D. or other)
 Address Sikeston Mo Date signed 5-28-47

RECEIVED

District Health Office No.

District File Number 247-10

Date Filed 7-31-42

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sibleton 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.