

No. 2  
5-43  
5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27668**  
Registrar's No. **3617**

FILED SEP 2 1947  
189

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:  
**2905 Campbell St. /**  
(If not in hospital or institution, write street number or location)

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

In this community **52** **52** Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2905 Campbell**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Jennie Edwards**

3. (b) If veteran, name war **XX no**

3. (c) Social Security No. **N.O.**

4. Sex **Fe. /**

5. Color or race **Wh.**

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

6. (b) Name of husband or wife **XX**

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

7. Birth date of deceased **Aug. 20 1863**  
(Month) (Day) (Year)

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

**84 0 3** hr. min.

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

10. Usual occupation **School Teacher**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Lewis Wesley**

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

14. Maiden name **Mary Ellen Kennedy**

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

16. (a) Informant **Mrs. Mayme W. Armstong**

(b) Address **430 West 61st Terr.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 25, 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **New Hartford, Mo.**

18. (a) Signature of funeral director **Stine & McClure Co.**

(b) Address **Kansas City, Mo.**

19. (a) **8-23-47** (Date received local registrar)

(b) **Gertrude Holman** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23**  
year **1947** hour **19<sup>25</sup>** min. **15** M.

21. I hereby certify that I attended the deceased from **July 16, 1947** to **Aug 23, 1947**  
that I last saw **her** alive on **Aug. 20, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Hypostatic (Solar) Pneumonia**  
Due to **phlebitis & embolism of heart**  
Due to **Exhaustion/Heat (Weather)**  
Other conditions **age 84**  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy **108**

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 **Gertrude Holman** (M. D. or Justice)

Address **Professional Bldg** Date signed **8/23/47**

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

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**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

*J. Clair Shppard*

Licensed Embalmer No. *4199*

P. O. Address *K. C. 1201*

**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.**