

Registration District No. **FILED AUG 18 1947**

Primary Registration District No. **5251**

Registrar's No. **169**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Burlington Jct. "Rural" Atchison**
(c) Name of hospital or institution:
9 Miles Northeast.
(d) Length of stay: In hospital or institution _____
In this community **17 Months.**

2. USUAL RESIDENCE OF DECEASED:

(a) County **Nodaway** State **Missouri**
(b) City or town **Burlington Junction "Rural"**
(c) Street No. **9 Miles Northeast.**
(d) Citizen of foreign country? **No**
If yes, name country **None**

3. (a) PRINT FULL NAME **WILLIAM BLAINE 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 **Single**

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

7. Birth date of deceased **October 23, 1934**
(Month) (Day) (Year)

8. AGE: Years **12** Months **9** Days **11** If less than one day ******** hr. min.

9. Birthplace **Near Braddyville, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Frank D. Edwards**

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

14. Maiden name **Grace Blackford**

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

16. (a) Informant **Frank D. Edwards**

(b) Address **Burlington Junction, Mo.**

17. (a) **Burial** (b) Date thereof **8-6-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Braddyville, Iowa**

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

(b) Address **120 East 1st, Maryville, Mo.**

19. (a) **8-6-47** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4th**
year **1947** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **not attended** 19____ to _____, 19____;
that I last saw him alive on **not seen** _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation by hanging**
Due to **Possible accident or possible suicide**
Due to _____

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

Major findings: Of operations **none** Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Possible accident**
(b) Date of occurrence **Aug. 4th 1947**
(c) Where did injury occur? **About home**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Burlington Jct. Nodaway, Mo.
While at work? **No** (e) Means of injury **Trousers belt. L. E. Dean Coroner**
23. Signature **L. E. Dean** (M. D. or other) **MD**
Address **Maryville Mo** Date signed **8-5-47**

Duration

Immediate death

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.