

S. No. 2
OM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28505**

FILED SEP 5 1947
Registration District No. **255**

Primary Registration District No. **6-8 97**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Alton Piney Twap.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 14 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon 75
 (c) City or town Alton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Joseph Edwards
3. (b) If veteran, name war --
3. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
 year 1947 hour 8 minute 00 P. M.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olive Blanch Edwards
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 20 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
June 20 1947 to June 20 1947
 that I last saw him alive on June 20
 and that death occurred on the date and hour stated above.
Immediate cause of death Gun shot in head
 Duration _____

8. AGE: Years 78 Months 1 Days 28
 If less than one day _____ hr. _____ min.

Due to self inflicted shot in the crown of head
 Due to _____

9. Birthplace Modena Misouri
 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name Wesley Edwards
13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
14. Maiden name Kathryn Curtis
15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harley Edwards
(b) Address Alton, Mo.
17. (a) Burial **(b) Date thereof** 6/28/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence June 20 - 1947
(c) Where did injury occur at home in Alton mo
 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Save Springs Cem.
18. (a) Signature of funeral director Frank Carter
(b) Address Thayer, Mo.
19. (a) 4-9-47 **(b) Mrs**
 (Date received local registrar) (Registrar's signature)

23. Signature J. B. Barrett **(M. D. or other)** 0
Address _____ **Date signed** _____
 (Specify type of place)
 While at work _____ (e) Means of injury gun shot

Fret

RECEIVED

District Health Officer No. 5,

District

Date Filed

847481

8-30-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.