

REGISTRATION DISTRICT NO. 13
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30820
Registrar's No. 39

Registration District No. 11166

Primary Registration District No. 11166

Registrar's No. 39

1. PLACE OF DEATH
(a) County DeKalb
(b) City or town Weatherby mo.
(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 years, months or days)

3. (a) PRINT FULL NAME Sarah Alice Edwards
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dick Edwards 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 12 - 18 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

12. Name Geo Windmill 4

13. Birthplace Hartshill England (City, town, or county) (State or foreign country)

14. Maiden name Pice

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

16. (a) Informant Eulyn Chapin

(b) Address Camberton Dr.

17. (a) Burial (b) Date thereof 9-5-47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Christain Chapel

18. (a) Signature of funeral director Mrs. Kate Shoup

(b) Address Winston Dr.

19. (a) 9-10-47 (b) R. Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County DeKalb-32
(c) City or town Weatherby
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 3
year 1947 hour 10 minute A M.
21. I hereby certify that I attended the deceased from may 1947 to Sept 3 1947
that I last saw her alive on Sept 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis ?
Duration

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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)

(e) Means of injury

23. Signature Shirley Taylor (M.D. or other) all

Address Wayneville mo. Date signed 9-4-47

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

L. O. Richesson

Licensed Embalmer No.

P. O. Address

3302

Gallatin 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.