No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31183

FILED SEP 29 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3928

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 435 No White (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: EARL EDWARD EDMONDS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: m
5. Color or race: white
6. (a) Single, widowed, married, divorced: mar
6. (b) Name of husband or wife: Ethel
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Nov 6 (Month) 1884 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	6	hr. min.

9. Birthplace: Tina (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Sheet Metal Worker
11. Industry or business: Mo. Pac RR
MOTHER FATHER
12. Name: Joseph Edmonds
13. Birthplace: Canada (City, town, or county) (State or foreign country)
14. Maiden name: Alice McMurty
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Ethel Edmonds
(b) Address: 435 N White
17. (a) Burial, cremation, or removal: removal (b) Date thereof: 9-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Avalon Mo
18. (a) Signature of funeral director: C.H. Blackman & Son, Inc
(b) Address: 2825 Independence Blvd.
19. (a) Date received local registrar: 9-15-47 (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 12 year: 1947 hour: 9 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Sept 5, 1947 to Sept 12 1947 that I last saw him alive on Sept 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thromboses And Infraction	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Robert W. Smith (M. D. or other)
Address: 1002 Argyle K.C. Mo
Date signed: Sept 15 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Parker
Argyle Bldg

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. H D Blackman

Licensed Embalmer No. 5639

P. O. Address. KC 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.