

No. 2  
5-43  
5-17-39  
I X36671

FILED OCT 29 1947

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural - Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years  
(Specify whether years, months or days)

In this community 14 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Kennett Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi. north of Kennett on Highway 25 - Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Males

5. Color or race white

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th  
year 1947 hour 6:45 minute 0 A. M.

21. I hereby certify that I attended the deceased from June 1947, to Dec 1947

that I last saw him alive on 10-19-47 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intero-tubal Infection

Duration \_\_\_\_\_

8. AGE: Years 62 Months apparent Days age If less than one day hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 131A

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

10. Usual occupation day laborer - alcohol

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

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

Of autopsy \_\_\_\_\_

16. (a) Informant County Recorder

(b) Address At. 2 - Kennett Mo

17. (a) Burial (b) Date thereof 10-19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director None

(b) Address None

19. (a) 10-21-1947 (b) Earl Hubbard  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. Dempsey (M. P. or other) MD

Address Kennett Mo Date signed 10-20-47

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

RECEIVED

District Health Office No. 2,

District File Number 1047-1279

Date Filed 10-22-47

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.

*This body was not embalmed.*

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.