S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44342

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
5

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

Dr. Williams

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 206 Pearl /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Pearl 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Miachel Gene 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 16, 1947
(Month) (Day) (Year)

8. AGE: Years | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Jack Edwards
13. Birthplace Baxter Springs Kans.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna May Thomas
15. Birthplace Joplin Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Edwards
(b) Address 206 Pearl Joplin Mo.
17. (a) Burial (b) Date thereof 1/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.
19. (a) Jan. 2, 1948 (b) Dolores Lamphins [illegible] 124
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th
year 1947 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 4 December 1947 to 30 December 1947
that I last saw him alive on 30 December 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Synostosis Cranii — Duration: From birth
Due to Maldevelopment — pre natal
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

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) 0
While at work? (e) Means of injury
23. Signature R. H. Williams (M. D. or other) MD
Address 527 Frisco Bldg Joplin Date signed 31 Dec 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-2007

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 Dale Glover, Registered Apprentice No. 87 working under my personal supervision.

Signed Perry K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.