

FILED APR 8 1948

Registration District No. **5798**

Primary Registration District No. **5798**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Monroe County**
(b) City or town **Paris Mo. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **Eighty years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**
(c) City or town **Paris, Mo. Rural**
(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 _____

3. (a) PRINT FULL NAME **Joseph Taylor Edwards**

3. (b) If veteran, **X** name war _____
3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Deceased**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 3rd, 1847**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	100	4	13	hr. min.

9. Birthplace **Burbon Co. Kentucky**
(City, town, or county) (State or foreign country)
Farming

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **John Henry Edwards**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Keller**

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

16. (a) Informant **Mrs. Mollie Rogers**

(b) Address **Paris, Mo.**

17. (a) **Burial** (b) Date thereof **3-18-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem cemetery**

18. (a) Signature of funeral director **Million & Barkeley**

(b) Address **Shelbina, Mo.**

19. (a) **April 1, 1948** (b) **Alvin E. Eide**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th**
1948 year hour **10** minutes **30** A. M.

21. I hereby certify that I attended the deceased from **March 16**
1948 to **March 16** 19**48**
that I last saw him alive on **March 16** 19**48**
and that death occurred on the date and hour stated above. Duration **24/1/47**

Immediate cause of death **Cerebral Heart Disease**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____ (Specify type of work)

23. Signature **John H. Rogers** (M. D. or other) _____

Address **Paris, Mo.** Date signed _____

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

MOTHER FATHER

9
0
0

RECEIVED
District Health Officer No. 10
District File Number 4-48-643
Date Filed APR -7 1948

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 _____

W. Hawkins

Licensed Embalmer No. _____

3498

P. O. Address _____

Albina 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.