

No. 2  
12-45  
17-39

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

FILED MAY 28 1948

Registration District No. 2705

Primary Registration District No. 3047

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sale Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community All Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 507 Jefferson Ave. 2  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ronald Randolph Edwards

3. (b) -If veteran. OF 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 November 27, 1947  
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Frank L. Edwards

13. Birthplace Rogers Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Gertie Lucille Friskce

15. Birthplace Mammoth Springs Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK L. Edwards

(b) Address Neosho, Mo.

17. (a) Burial (b) Date thereof 5-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Clark Digham Mortuary

(b) Address 200 E. Spring St. Neosho, Mo.

19. (a) May 22, 1948 (b) Melvin C. Borman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21  
year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Birth  
11-27, 1947, to May-21, 1948  
that I last saw him alive on May 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Pneumonia

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

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

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

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

Of autopsy 107

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

22. If death was due to external causes, fill in the following:

(c) 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 F. L. Whitehead (M. D. or D. O.)  
Address Neosho, Mo. Date signed 5-22-48

**RECEIVED**

District Health Officer No. Newton  
District File Number 548-307  
Date Filed 5-27-48

**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

*John M. Wungy*

..... Licensed Embalmer No. 3566

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.**