S. No. 2
M—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26863

Registration District No. 169 Primary Registration District No. 5622 Registrar's No. 289

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Rural Myrtle Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Myrtle Township 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Enos Grant Edwards
3. (b) If veteran, name war U
3. (c) Social Security No. U
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elzora Edwards
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 24 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	7	4	hr. min.

9. Birthplace Knox County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
12. Name Henry Edwards
13. Birthplace Carlinsville (City, town, or county) Ill. (State or foreign country) /
14. Maiden name Laura Jane Parrish
15. Birthplace Knox Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Bert Edwards
(b) Address Knox City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1948 (Month) (Day) (Year)
(c) Place: Burial or cremation Mil port ~~Pleasant Ridge~~ Cemetary
18. (a) Signature of funeral director Seeger & Wolter
(b) Address Knox City Mo.
19. (a) Sept-10-48 (Date received local registrar) (b) Mel S. Hunsey (Registrar's signature) 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1948 hour 3 minute — P M.
21. I hereby certify that I attended the deceased from Aug 25, 1948, to Aug 28, 1948;
that I last saw him alive on Aug 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs
Due to	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 E. Phillips D.O. (M. D. or other) 2
Address Knox City Mo. Date signed 9-6-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1948

SEP 15 19

RECEIVED
District Health Officer No. 10
District File Number 9-48-164
Date Filed SEP 13 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 Fred Wolter

Licensed Embalmer No. 684

P. O. Address Thief River Falls

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.

22

State of Missiuri
County of Knox } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 26[illegible]48

Local Registrar's No.

On this 29th day of September, 194, before me appears Harley Edwards, who, upon his oath, states that the original record of birth/death for Enos Grant Edwards died/born Aug 28th, 1948, in the State of Missouri, and which was filed at Edina Mo on Sept 10 1948, should be corrected as follows:

Item No. should read Burial in Milport Cemetry

Instead of Pleasent Ridge Cemetry

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harley Edwards Son
Relationship.

Knox City Mo.
Present Address.

Subscribed and sworn to before me this 29th day of Sept, 1948.

My Commission expires Dec 4th 1950

Fred Walker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
X36687

1948
S-26863