No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29331

Registration District No. 180 Primary Registration District No. 3018 Registrar's No. 63

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DENT 33
(c) City or town SALEM (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JANICE MARIE EDWARDS
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 5 (Day) 1947 (Year)

8. AGE: Years 1 Months 5 Days 23 If less than one day hr. min.

9. Birthplace SALEM (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation CHILD
11. Industry or business —
FATHER
12. Name BILL H. EDWARDS
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name VINITA SCHRADER
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Bill H. Edwards
(b) Address SALEM, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation CEDAR GROVE CEM.
18. (a) Signature of funeral director [signature]
(b) Address SALEM, MO
19. (a) Sept 30 48 (Date received local registrar) (b) M.M. Hart M.D. (Registrar's signature) 97 M 93

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 28 year 1948 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from 4-5, 1947 to Sept. 28, 1948 that I last saw her alive on Sept 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Miliary Aneurysm	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 96	

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? Means of injury
23. Signature M M Hart MD (M. D. or other) M.D.
Address Salem Mo Date signed 9/30/48

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

RECEIVED 10-4-48
District Health Officer No. 5,
District File Number 104863
Date Filed 10-4-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.