

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36509
State File No. _____
Registrar's No. **4331**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hrs. 55 min.
(Specify whether years, months or days) 33 Years

3. (a) PRINT FULL NAME Sam Edwards
3. (b) If veteran, name war No
3. (c) Social Security No. 487-16-1239

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Georgia Edwards 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 5, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 15 hr. min.

9. Birthplace Dennison, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Ed Edwards

13. Birthplace McAllister, Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stevenson

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

16. (a) Informant Hattie Lyons

(b) Address 39th and Steele Rd.

17. (a) Burial (b) Date thereof 10/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter R. ...

(b) Address 1729 E. ...

19. (a) 10-25-48 (b) Thereldine Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3747 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1948 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Wesley - Carver, 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Digitalis intoxication
Due to Mitral Stenosis + Hypertensive Heart Disease
Other conditions Same as above
(Include pregnancy within 3 months of death)

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

Major findings: 92%
Of operations _____
Of autopsy No - Permit

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?

J. R. Williams (Specify type of place) _____
While at work? _____ (e) Means of injury 0

23. Signature J. R. Williams (M. D. or other) _____
Address 2636 - Brooklyn Date signed _____

10 - 22 - 48

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.