

No. 3906  
M-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 10 1948  
Registration District No. 150

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH.

State File No. 37025  
Registrar's No. 212

Primary Registration District No. 5572

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural Prairie  
(c) Name of hospital or institution: Jackson Co. Emergency Hospital.  
(d) Length of stay: In hospital or institution 14 days.  
In this community 1 yr

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Grain Valley  
(d) Street No. Grain Valley  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME George Edwards.  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 23 year 1948 hour 5:00 A.M. minute M.  
21. I hereby certify that I attended the deceased from Nov 13 1948 to Nov 27 1948 that I last saw him alive on Nov 27 and that death occurred on the date and hour stated above.

4. Sex m o 5. Color or race w  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

Immediate cause of death: Uremia  
Fracture left hip  
Duration: 10 days  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

7. Birth date of deceased Aug 22 1869  
(Month) (Day) (Year)  
8. AGE: Years 80 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Savannah Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retail Realty Business

11. Industry or business

12. Name Jeffrey C. Edwards

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

14. Maiden name Roberts

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

16. (a) Informant Ray Edwards

(b) Address Grain Valley Mo

17. (a) Burial (b) Date thereof 11-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation Grain Valley Mo

18. (a) Signature of funeral director Mrs G O West Jr

(b) Address Blue Springs Mo

19. (a) Nov. 30, 1948 (Date received local registrar) (b) Registrar's signature

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) Accidental  
(b) Date of occurrence 13 Nov 48  
(c) Where did injury occur? Home - County  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place)  
While at work? No (e) Means of injury Fall  
D. or out of State  
Address: P.O. Box 277, Grain Valley, Mo.  
Date signed: 11/28/48

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**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 RBurth

Licensed Embalmer No. 2353

P. O. Address Blue spring 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.**