

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 370267

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 202

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 County Emergency Hosp.
(d) Length of stay: In hospital or institution 35 days
In this community 2 years

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7
year 1948 hour 3:50 minute p. M.
21. I hereby certify that I attended the deceased from 10-3-1948 to 11-7-1948
that I last saw her live on Nov 7 and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race wh.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife George Edwards
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 10 1871

Immediate cause of death: Cerebral hemorrhage
Duration 2 wks
Cardiovascular renal disease yds.

8. AGE: Years 77 Months 3 Days 28

Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 316

9. Birthplace Savannah Missouri

10. Usual occupation Retired house wife

11. Industry or business

12. Name Robert Rowe

13. Birthplace Winchester England

14. Maiden name Elizabeth Holt

15. Birthplace Savannah Missouri

16. (a) Informant Roy Edwards
(b) Address Grain Valley, Mo

17. (a) Burial (burial, cremation, or removal)
(b) Date thereof 11-9-48
(c) Place: burial or cremation Grain Valley, Mo

18. (a) Signature of funeral director Mrs. E. Wittman
(b) Address Blue Springs Mo
(c) Place of funeral home

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

19. (a) 11-9-48 (Date received local registrar)
(b) Donald C. Eames (Registrar's signature)

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?
(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
Frank E. Johnson, M.D.
Address #4 Independence Date signed 11-8-48

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..... *R B Webb*.....

Licensed Embalmer No. *2350*.....

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.