

FILED JAN 5 1949

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON

(c) Name of hospital or institution: Wetzel

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 hrs

In this community Most of life

3: (a) PRINT FULL NAME Edith Dean

3: (b) If veteran, name war

3: (c) Social Security No. ✓

4. Sex Fe 5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 1910-6-20

8. AGE: Years 38 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Windsor Mo

10. Usual occupation Housekeeper

11. Industry or business Not known

12. Name Not known

13. Birthplace u

14. Maiden name u

15. Birthplace u

16. (a) Informant Monte Cooper

17. (a) Burial (b) Date thereof 12-25-48

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Edith Dean

(b) Address Clinton Mo

19. (a) 12-25-48 (b) R. D. Kenney

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY

(c) City or town Clinton

(d) Street No. North South St

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1948 hour 4 minute PM

21. I hereby certify that I attended the deceased from 12/25 1948, to 12-27 1948

that I last saw her alive on 12-27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to bullet wound in left lung } 2 days

and bullet wound in 6th cervical vertebrae

Other conditions (Include pregnancy within 3 months of death)

Major findings: 32 bullet removed from spinal cord - 6th cervical vertebrae

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide, charge

(b) Date of occurrence 12-25-48 filed

(c) Where did injury occur? Clinton Harry rd

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place)

(e) Means of injury 166

23. Signature R. D. Powell (M. D. or other)

Address Clinton Mo Date signed 12/28/48

JAN 18 1949

RECEIVED

District Health Officer No. 7

District File Number 12-48-1500

Date Filed 1-3-49

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 J. E. Consoled
Licensed Embalmer No. 1891
P. O. Address Clinton 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.