

S. No. 300
DM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40108**
Registrar's No. **5310**

Registration District No. **189**

Primary Registration District No. **1002**

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

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 # 1
(If not in hospital or institution, write street number or location)
11 hrs

(d) Length of stay: In hospital or institution 14 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances Edison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Jack E. Edison 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased July 11 1907
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Missouri U
(City, town, or county) (State or foreign country)

10. Usual occupation seamstress

11. Industry or business self

12. Name E. D. Martin

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

14. Maiden name Katherine Nichols

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

16. (a) Informant Mrs. Katherine Nichols

(b) Address 323 S. 8th St. St. Joe., Mo.

17. (a) Burial (b) Date thereof 12-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 GILLHAM PLAZA K. C., MO.

19. (a) 12-29-48 (b) Steldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 314 W. 9th **8**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 27, 1948 to Dec. 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death rheumatic mitral heart disease with mural thrombosis-pulmonary infarction and cardiac decompensation

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 928

Of operations _____

Of autopsy see above

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) _____

(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? _____

Wm. W. Hart (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Wm. W. Hart (M. D. or other) _____
Address Med Dir. Gen'l Hosp. # 1 Date signed 12-28-48

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..... *Robert H. Reed*

Licensed Embalmer No. *3245*

P. O. Address..... *H. C. 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.