

FILED DEC 20 1948
Registration District No. 267

Primary Registration District No. 4396

Registrar's No. 112

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

1. PLACE OF DEATH:

(a) County Bernice

(b) City or town Wardell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution _____ (Specify whether in this community _____ years, months or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bernice

(c) City or town Wardell Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter W Edwards

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1948 hour 4 minute 30 A.M.

4. Sex F

5. Color of race Cal

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 5 1948 to Dec 6 1948
that I last saw him alive on Dec 1 P.M. 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death pneumonia Duration 7 days

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

10. Usual occupation House Work

Due to _____

Due to _____

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

11. Industry or business _____

12. Name unknown

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

14. Maiden name Walter Williams (State or foreign country)

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

Major findings: _____

Of operations _____

Of autopsy _____

ADDITIONAL PHYSICIAN SUPPLEMENTARY INFORMATION REQUESTED _____

16. (a) Informant Ed Collins

(b) Address Wardell Mo Rt 9-48

17. (a) Burial (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo

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? _____

18. (a) Signature of funeral directors Wardell Mo

(b) Address Wardell Mo

19. (a) 12-10-48 (b) John P. Sherman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wardell Mo (M. D. or other) _____

Address Wardell Mo Date signed 12-7-48

12-48-345

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 John W. Gorman

Licensed Embalmer No. 4355

P. O. Address Haystack, 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.