

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22931

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5346</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>South Morgan</u> <u>Dade Townships</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY OR TOWN <u>Walnut Grove</u>		c. LENGTH OF STAY (in this place) <u>63</u>		c. CITY OR TOWN <u>Walnut Grove (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>9 Miles N.W. of Walnut Grove</u>	
3. NAME OF DECEASED (Type or Print) <u>Florilla</u> a. (First) <u>Florilla</u> b. (Middle) <u>Edge</u> c. (Last) <u>Edge</u>				4. DATE OF DEATH <u>July 17, 1949</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 15, 1866</u>	
9. AGE (in years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (State or foreign country) <u>Sagamore Co., Ohio</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Amos James Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Love</u>		14. NAME OF HUSBAND OR WIFE <u>William N. Edge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Max Willie Boone</u> ADDRESS <u>Dadeville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Cancer Vagina</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>mal nutrition</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>1991</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 18, 1949</u> , to <u>July 17, 1949</u> , that I last saw the deceased alive on <u>May 15, 1949</u> , and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>(J) B B Kirby M.D.</u> (Degree or title)				23b. ADDRESS <u>Dadeville Mo</u>		23c. DATE SIGNED <u>July 20, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dadeville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-1-49</u>		REGISTRAR'S SIGNATURE <u>Geo. R. Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Erwin</u>		ADDRESS <u>Dadeville, Mo.</u>	

RECEIVED AUG 8 1949

District Health Office No. 6,

District File Number 849-913

Date Filed 8-8-49

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Willard B. Erwin*

Licensed Embalmer No. 3092

P. O. Address Palmer, 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.