

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**18544**  
Do not use this space.

**FILED JUN 10 1940**

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton 2 (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

355 Wilbur Fauston Edmouson  
 (a) Residence, No. 222 North Main 0 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1890  
 7. AGE YEARS 49 MONTHS 7 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Banker  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starden City - Mo.

FATHER 13. NAME Henry Fay Edmouson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove Mo.

MOTHER 15. MAIDEN NAME Arnesilla E. McLeod  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

17. INFORMANT (ADDRESS) Ruth Edmouson Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Cemetery DATE May 27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Haysant Clinton Mo.

20. FILED 6-1 1940 Dr. J. R. Haysant Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 24, 1940  
 I last saw him alive on May 24, 1940 Death is said to have occurred on the date stated above, at 6:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cholelithiasis  
Hypertension  
820

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Joseph B. O'Neill, M. D.  
 (Address) Clinton, Mo.

Date of onset 5-22-40

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*H. J. Causant*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*H. J. Causant*

Licensed Embalmer No.....

*3779*

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, above space should be left blank.**