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13-40  
7-39

DEC 14 1940

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 300 W Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 W. Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Richard M. Edmondson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Ann Edmondson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 1868  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 2 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Miner (Retired)

11. Industry or business \_\_\_\_\_

12. Name Jobe Edmondson

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

14. Maiden name Mary Jane Mink

15. Birthplace unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ora Hukill

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 11-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 11-23-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22  
year 1940 hour 10:40 a m minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-16  
1940 to 11-22 1940  
that I last saw hm alive on Nov 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cardiac Arrest

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations ASD

Of autopsy \_\_\_\_\_

Duration

3

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? \_\_\_\_\_

310 While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Date signed 11-23-40

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

MOTHER FATHER

5

RECEIVED

District Health Officer No. 7,  
District File Number 12-40-1790  
Date Filed 12-13-40

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 MR.

R.A. Brauning, Registered Apprentice No. 3377  
working under my personal supervision.

Signed R.A. Brauning  
Licensed Embalmer No. 3377  
P. O. Address Leton 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.