

Registration District No. 347351

Primary Registration District No. 4208

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ezra Delno Edgerton

8. (b) If veteran: name war none (c) Social Security No. 490-16-0124

4. Sex Male race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Ida May Edgerton 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January 5 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Lenny George Edgerton
18. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Susan Elizabeth Longfellow
16. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ida May Edgerton
(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof 6-23-42
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Cemetery

18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Mo

19. (a) June 22, 1942 Georgia Hitcher
(Date received local registrar) (Registrar's signature) S.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on June 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
No illness Death seemed
while sitting in chair reading
new paper
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy 200a
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C.R. Townsend Jr. M.D. (M. D. or other)
Address Deepwater Mo Date signed 6-22-42

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

42
0
0

S.K.

RECEIVED

District Health Officer No. 74

District File Number 7-42-697

Date Filed 7-2-42

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

Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.