

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31730

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 7 1943

154337

3023

176

1. PLACE OF DEATH:

(a) County Henry County
 (b) City or town Clinton Mo
 (c) Name of hospital or institution: Wetzel hospital
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
 (c) City or town _____
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Larry Dean Edwards

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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug. 22 1943
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. 15 min.

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

10. Usual occupation Clinton Mo

11. Industry or business _____
 MOTHER FATHER { 12. Name Lloyd Edwards
 13. Birthplace Mountain Henry Co. Mo
 MOTHER { 14. Maiden name Pelle Hanson
 15. Birthplace Cassimer Hickory Co. Mo

16. (a) Informant's own signature Pelle Hanson

17. (a) Burial (b) Date thereof Aug. 23 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director C. R. Ricketts

19. (a) September 8 1943 (b) Georgia Kitcher
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 22 day _____
 year 43 hour 9:30 minute 10 M.

21. I hereby certify that I attended the deceased from Aug 22, 1943, to Aug 22, 1943; that I last saw him alive on Aug 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Failure of valves to close to heart

Due to probably enlarged thyrioid

Due to This posturing Blue Baby

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

Major findings: Of operations _____
 Of autopsy 157

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 Charles W. J. [unclear]
 Address Clinton Mo. Date signed Aug 23 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-43-1009
10-7-43

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.....
Licensed Embalmer No.....
P. O. Address.....

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.

Registration District No. 137 Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Jerry Dean Edwards

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Aug 22 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address

19. (a) (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) G.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Brownington - Rural (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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..... (M. D. or other).....

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

31720