

No. 2  
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-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
**FILED JAN 21 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2847**  
Registrar's No. **203**

Registration District No. **137**

Primary Registration District No. **4218**

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: **112 1/2 S. Main /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 years**  
(Specify whether years, months or days)

In this community **60 years**  
(Specify whether 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. **112 1/2 S. Main**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Julia Ann Edmondson**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Richard M. Edmondson**

6. (c) Age of husband or wife if **alived dead** years

7. Birth date of deceased **August 10, 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>2</b>	<b>18</b>	hr. _____ min. _____

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

10. Usual occupation **at home**

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

12. Name **William Hunt**

13. Birthplace **unknown** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Dodson** **4**  
(City, town, or county) (State or foreign country)

15. Birthplace **unknown** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ora Hukill**

(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **Oct. 31 '45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

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

(b) Address **Windsor, Mo.**

19. (a) **12-24-45** (b) **R. H. Henry**  
(Date received local registrar) (Registrar's signature)

**120** (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28th**  
year **1945** hour **12** minute **30** a. m.

21. I hereby certify that I attended the deceased from **1930** to **Oct-20, 1945** 19\_\_\_\_  
that I last saw him alive on **Oct 20 - 45** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Acidemia**  
**Myocarditis**  
Due to **with coronary thrombosis**  
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 **Huston-Turner** (M. D. or other) **MS**  
Address **Windsor** Date signed **12/24/45**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100192

12-4-50 1365

Date Filed 1-15-46

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 *E. W. Hinton*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.