

No. 2  
1-5-42  
5-17-39  
X32873

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 4214

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
(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 80 6 11

3. (a) PRINT FULL NAME Ellie Edwards

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Michael Edwards 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Dec 23 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 6 11 hr. min.

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

10. Usual occupation House wife

11. Industry or business Isaac W. Minish

12. Name \_\_\_\_\_  
13. Birthplace M.C.  
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Lynn  
15. Birthplace M.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Lawrence

(b) Address Calhoun

17. (a) Buried (b) Date thereof July 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Calhoun

18. (a) Signature of funeral director J. J. Lawrence  
(b) Address Calhoun

19. (a) 7-15-46 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Calhoun  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1946 hour 18 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 24  
1946 to July 4 1946  
that I last saw her alive on July 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 9

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

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 938  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Ray B. Jordan (M. D. or other)  
Address Windsor Mo Date signed 7-7-46

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

20079

2000

Case No. 71

6-46-75.0

7-17-46

Date Filed

SEP 23 1946

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 *myself*

Registered Apprentice No.

working under my personal supervision.

Signed

*J. Housey*

Licensed Embalmer No. *3552*

P. O. Address *Alhambra*

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.