

FILED JAN 9 1947

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
218 7/32 St. 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)

3. (a) PRINT FULL NAME DAVE 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 Single

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

7. Birth date of deceased 12 15 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 - 16 hr. min.9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name DAVE EDWARDS ?
 13. Birthplace Unknown ?
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Walker
 15. Birthplace Unknown ?
 (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Walker
(b) Address Clinton MO.17. (a) Burial (b) Date thereof 1-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood18. (a) Signature of funeral director R. H. Kenney
(b) Address Clinton Missouri19. (a) 12-31-46 (b) R. H. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 4
 (c) City or town Clinton 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 218 7/32 St. 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1946 hour 10:30 minute A.M.21. I hereby certify that I attended the deceased from Jan
1946, to Dec 31, 1946;
that I last saw him alive on Dec 31, 1946;
and that death occurred on the date and hour stated above.Immediate cause of death Circum of liver Duration
cardiac decompensation 1 yr
with Dropsy

Due to _____

Due to _____

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

(c) 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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature R. H. Kenney (M. D. or other) MD
Address Clinton MO Date signed 12-31-46

1240

(Licensed Embalmer's Statement on Reverse Side)

CERTIFICATE
OF DEATH
STATE OF OHIO

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..... *Fred Wilkerson*
Licensed Embalmer No. *2478*
P. O. Address..... *Clenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.