

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27413

FILED SEP 9 1948
Registration District No. 211

Primary Registration District No. 4456

Registrar's No. 33

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

3
1
0

1. PLACE OF DEATH:

(a) County St. Clair
 (b) City or town Appleton City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Elbert Hospital
 (If not in hospital or institution, state street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether)

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Emery Perry Edwards
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Christina Edwards
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN. 5 1894
 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

MOTHER FATHER {
 12. Name Benjamin B. Edwards
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Manera Angeline Hinkle
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Christina Edwards
 (b) Address Brownington, Mo.

17. (a) Burial (b) Date thereof 9-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Chad Rickett
 (b) Address Brownington, Mo.

19. (a) Aug 30-48 (b) M.P. Oles
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
 (c) City or town MT. Zion
 (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 Aug day 30
 year 1948 hour 1 minute 30 P.M.
 21. I hereby certify that I attended the deceased from
6 Apr 48 to 30 Aug 48
 that I last saw him alive on 30 Aug
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
 Duration _____

Due to _____
 Due to _____

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

Major findings: CHD
 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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature W. H. Hinkle (M. D. or other) MD
 Address Appleton City Date signed 26 Aug 48

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1005

Date Filed 9-8-48

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 Stuart

Licensed Embalmer No. 2780

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, fact should be so stated above.