

DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38342
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Bar Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4015 Genesee Registered No. 4576
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
355 Thomas H. B. Edmondson
 2. PRINT FULL NAME
 (a) Residence, No. 4015 Genesee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Edmondson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16 - 1860
 7. AGE YEARS 78 MONTHS 7 DAYS 8 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Employe
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 13. NAME Robert Edmondson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Martha Matthews
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (NAME) (ADDRESS) Wm. Ida Edmondson
4015 Genesee
 18. BURIAL, CREMATION, OR REMOVAL PLACE Storal Hills DATE 11/26/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. O'Donnell
3756 Broadway
 20. FILED Nov 26, 1938 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11-8 1938, to 11-24 1938
 I last saw him alive on 11-23 1938. Death is said to have occurred on the date stated above, at 3:30 am
 The principal cause of death and related causes of importance were as follows:
Myocarditis, acute 11-38
Acute Nephritis 11/8-38
Acute Pleurisy 11/8-38
Exacerbation of a chronic nephritis
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 (Specify whether injury occurred in industry, in home, or in public place.)
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. J. O'Connell M. D.
 (Address) 810 Medical Arts Bldg.

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.

W. J. [unclear]

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.