

DEC 16 1938

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

40494
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
 (b) Township Pleasant Primary Registration District No. 4-53 Registered No. _____
 (c) City Sikeston (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME

36.3 Louise Edwards
 (a) Residence, No. Kendall Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James T. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Hardy Arkansas

FATHER 13. NAME Wm. Harton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary E. Harton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James T. Edwards Sikeston, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Triplett Cemetery DATE Dec. 15, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Welsh Sikeston, Mo.

20. FILED 12-14, 1938 W. H. Hornell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938 to Dec. 13, 1938 19____
 I last saw her alive on Dec. 13, 1938, 19____ Death is said to have occurred on the date stated above, at 12:45 A. M.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach;
dropsy; jaundice

Date of onset

Other contributory causes of importance: None

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.

no injury

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. Waters, M. D.

(Address) Sikeston, Mo.

OCT 28 1953

OCT 29 1953

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 *Harvey S. Johnson*

Registered Apprentice No. 3704, working under my personal supervision.

Signed *H. J. Welch*

Licensed Embalmer No. 774

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.