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.

REC'D FEB 6 1939

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

1463
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew — Registration District No. 13
(b) Township Jefferson — Primary Registration District No. 5017 — Registered No.
(c) City — (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 363 Mrs. Hariet K. Edwards
(a) Residence, No. R. R. #3 St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22 1857

7. AGE: YEARS 81 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Illinois

FATHER
13. NAME: James Sexson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wayne Cooper, R. R. #3 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Workman Chapel DATE Jan '8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Cummins Furn. Co. Maryville, Mo.

20. FILED Jan 8 1939 Mrs a R Young Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1938, to 1-6, 1939
I last saw her alive on 1-6-, 1939. Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	
Myocarditis	3 yrs.

Other contributory causes of importance: 93 D

Name of operation: None — Date of: no
What test confirmed diagnosis? Clinical — 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) [signature], M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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, J. B. Cummings, or by .....

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

Signed J. B. Cummings

Licensed Embalmer No. 1675

P. O. Address Marquette, Mich.

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.