

REC'D APR 15 1939

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

10217
Do not use this space.

1. PLACE OF DEATH
 (a) County Dutton Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 58
 (c) City Poplar Bluff (d) Street No. U. S. 101 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 Leo Edmundson
 (a) Residence, No. Campbell PI 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 6 7 _____
 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. School Bus
 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) Mo.
 FATHER 13. NAME H. B. Edmundson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Emma Luewney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Father, H. B. Edmundson
 (ADDRESS) Campbell PI
 18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo. DATE March 4 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Landolt Sons
Campbell Mo.
 20. FILED 3/3 1939 Chapman
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1939, to 3-2, 1939
 I last saw him alive on 3-2, 1939. Death is said to have occurred on the date stated above, at 10:18 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral embolism
Remained in operation for
water supply for 7 hours
night previous
 Date of onset _____
 Other contributory causes of importance: 154
 Name of operation arteriogram Date of 2-25
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? Accid.
 If so, specify _____
 (Signed) J. M. Hines, M. D.
 (Address) Poplar Bluff Mo.

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.

1-1 X18603

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.