

REC'D APR 13 1939

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

11102
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 298
(b) Township Smolen Primary Registration District No. 5551A Registered No. _____
(c) City Grain Valley R.F.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

Martha Menefee Edwards 79. 10
(a) Residence, No. Grain Valley St. (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 J. N. Edwards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1864

7. AGE YEARS 79 MONTHS _____ DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Cowden Mo.

FATHER 13. NAME Zafayette Menefee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Colgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massari

17. INFORMANT Mrs. Bush Rust.
(ADDRESS) Grain Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope DATE Mar. 28th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Brothers
Richmond Mo.

20. FILED April 10, 1939 F. W. Tuttle M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939

22. HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 26, 1939
I last saw her alive on March 26, 1939 Death is said to have occurred on the date stated above, at 3:40 p. m.

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

Senile Intermittent Influenza
Date of onset March 2/39
Other contributory causes of importance: _____

Name of operation _____ Date of _____
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? _____
If so, specify _____ (Signed) J. P. Crawford M.D. M. D.
Grain Valley Mo. (Address) 357

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.

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, My Self

J.D. Brothers

or by _____

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

Signed _____

J.D. Brothers

Licensed Embalmer No. 2001

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.