

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

39086  
 Do not use this space.

DEC 11 1939

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. Sunny Slope Hospital 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 Judith Nadine Edwards  
 (a) Residence, No. 123 W. Hyde Park Ave. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	3	28	

8. Trade, profession, or particular kind of work done, as Infant  
 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) St. Joseph  
 (STATE OR COUNTRY) Missouri

13. NAME Thomas Edwards

14. BIRTHPLACE (CITY OR TOWN) Troy  
 (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Florence Cramer

16. BIRTHPLACE (CITY OR TOWN) Amiot  
 (STATE OR COUNTRY) Kansas

17. INFORMANT Thomas Edwards  
 (ADDRESS) 123 W. Hyde Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE Nov. 27, 1939  
Clark Mortuary

19. FUNERAL DIRECTOR (NAME) H. J. Neethling  
 (ADDRESS) 5025 King Hill Ave.

20. FILED 11/26 1939 H. J. Neethling  
 Local Registrar.

### MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1939 to Nov 26 1939.  
 I last saw her alive on Nov 25 1939. Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchitis Date of onset 11/24/39

Other contributory causes of importance: Pertussis

Name of operation Claustr 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) A. P. [Signature] M. D.  
 (Address) St. Joseph, 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.

**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, ~~on~~ by Nov. 26, 193

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Earl A. Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

**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.**