FILED FEB 13 1940

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

2348

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township Campbell
(c) or City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 10
(d) Street No. 1918 Meridith 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 DENNIE L. EDWARDS
(a) Residence, No. 1918 Meridith 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Ray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1869
7. AGE YEARS 70 MONTHS 8 14 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Grocer
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) Webster Co Mo

FATHER
13. NAME Presley Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo

MOTHER
15. MAIDEN NAME Esther Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo

17. INFORMANT (ADDRESS) Mary Edwards 1918 Meridith
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Welch (Cem) DATE 1-5 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Springfield Mo
20. FILED 1-5 1940 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-3 1940
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him ~~alive~~ dead on 1-3, 1940. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocardosis
Date of onset
Other contributory causes of importance: Senility
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) R. Ned White, M. D.
(Address) Coroner Greene County

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

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

working under my personal supervision.

Signed. Floyd W. Fo

Licensed Embalmer No. 2910

P. O. Address 129 W Walnu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X