

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9900

State File No. 1334
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1919 East 17th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
Kansas City
(c) City or town 0
(If outside city or town limits, write "RURAL")
1919 East 17th St.
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Clarence Edmonson 355

3. (b) If veteran, name war None 3. (c) Social Security No. 456-10-3675

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Edmonson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 6 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Dallas Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Aaron Edmonson 1

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Babb

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Edmonson

(b) Address 1919 East 17th St.

17. (a) burial (b) Date thereof 3/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Haddock

(b) Address 1729 Lydia

19. (a) Mar 26 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-22-40
_____ 19____ to Mar. 23 19____
that I last saw him alive on Mar. 23 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart Duration _____

Due to Cerebral Hemorrhage with complete paralysis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no op Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No external cause
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury _____

23. Signature Laurel Lane (M. D. or other) _____
Address 1612 E. 12 Date signed 3-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

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.