

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 684

Primary Registration District No. 11408

Registrar's No. 17

1. PLACE OF DEATH: Puke

(a) County Bowling Green

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 363

8. (a) PRINT FULL NAME Robert Berry Edwards

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife WOLA EDWARDS

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Curryville Pike Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Edwards

13. Birthplace Bowling Green Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Greene

15. Birthplace Bowling Green Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice Edwards

(b) Address Bowling Green Missouri

17. (a) BURIAL (b) Date thereof 3-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cem

18. (a) Signature of funeral director Grace Blankinship

(b) Address Bowling Green Mo.

19. (a) 3-12-1940 (b) M. Summerlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Puke

(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1940 hour _____ minute 2 1/2 M.

21. I hereby certify that I attended the deceased from J. Chastany sixteenth, 1939, to March 8, 1940 that I last saw him alive on 3-8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration free minutes

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place) (e) Means of injury _____

23. Signature T. H. Wilcox (M. D. or other) _____

Address Bowling Green Mo. Date signed 3-11-40

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

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-727

Date Filed APR 2 1940

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.