

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2400

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:  
4118 Baltimore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2  
(Specify whether years, months or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4118 Baltimore  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1940 hour 1 minute 30 P. M.  
21. I hereby certify that I attended the deceased from May  
\_\_\_\_\_, 19\_\_\_\_, to June 10, 1940  
that I last saw him alive on June 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Asthma 2 weeks

Due to Arterio-sclerous years  
Cardiac Exhaustion 2 weeks  
Due to High Blood Pressure years

Other conditions: 95 lbs  
(Include pregnancy within 3 months of death)

Major findings: NO  
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) +  
(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) \_\_\_\_\_ Means of injury +  
23. Signature Osadon Anderson (M. D. or other) \_\_\_\_\_  
Address 723 W 45th Date signed 6-11-40

8. (a) PRINT FULL NAME Walter I. Edwards 363  
8. (b) If veteran, name war none 8. (c) Social Security No. 303-14-828A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Gabriella Edwards 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 17, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 2 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_  
12. Name Raymond D. Edwards 9  
13. Birthplace Boston, Mass. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rieger  
15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gabriella Edwards  
(b) Address 4118 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Keytesville, Missouri

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 12, 1940 (Date received local registrar) M. M. Crome (Registrar's signature)

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

FILED

**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

*Clarence W. Chale*

Licensed Embalmer No.

*3473*

P. O. Address

*The C. M. Co.*

**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.