

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21110

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 yrs. years, months or days

3. (a) PRINT FULL NAME Mary Mima Edmonds  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Edmonds  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 24 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 6  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Rector  
13. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Gordon  
15. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Edmonds  
(b) Address Lamar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Konantz Funeral Home  
(b) Address Lamar, Missouri

19. (a) June - 3 - 1940 (Date received local registrar)  
(b) Mrs. Josephine Konantz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day June  
year 1940 hour 10:30 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1 1940 to June 12 1940  
that I last saw her alive on June 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 44 1/2

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 40  
(Specify type of place) (e) Means of injury \_\_\_\_\_

18. Signature C. E. Duckert (M. D. or other) (MD)  
Address Lamar Mo. Date signed June 3 1940

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. 6,

District File Number 710-2353

Date Filed JUL 11 1940

JUL 11 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.....

*Carl Kowitz*

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.