No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 10 1940

AUG 19 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28050

Primary Registration District No. 1001

Registrar's No. 968

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 614 Garden 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 614 Garden St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Earl Edgar Edwards 263
3. (b) If veteran, name war: World War.
3. (c) Social Security No. 487-05-0884
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva Edwards
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: August 23, 1900 (Month) (Day) (Year)

8. AGE: Years 40 | Months 0 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: ~~Troy, Kansas~~ Moray, Kansas. (City, town, or county) (State or foreign country)
10. Usual occupation: Foreman, Sausage Dept.
11. Industry or business: Swift & Co.
FATHER
12. Name: George L. Edwards
13. Birthplace: ~~Williamstown~~ Oskaloosa Kansas. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Laura Alice Culp
15. Birthplace: Troy, Kansas. (City, town, or county) (State or foreign country)
16. (a) Informant: Virgil Edwards,
(b) Address: Route 5, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem
18. (a) Signature of funeral director: Clark Mortuary
(b) Address: 5025 King Hill Ave., St. Joseph, Mo.
19. (a) 9/5/40 (Date received local registrar) (b) H. J. Nestlebed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd year 1940 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 1936, 1936 to September 3, 1940 that I last saw him alive on September 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	18 mo.
Due to: Mitral Stenosis	4 yrs
Due to: Rheumatic heart disease	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: none
Of autopsy: none

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

23. Signature: C. S. Grant (M. D. or other) MD
Address: St. Joseph, Mo. Date signed 9-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. working under my personal supervision.

Signed Fred W. Clark

Licensed Embalmer No. 1273.

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.