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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35326

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 843

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Hartville
(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.? Life years

3. (a) PRINT FULL NAME Mr Albert Roy Edwards

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April (Month) 3 (Day) 1879 (Year)

8. AGE: Years 61 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Merchant 0

11. Industry or business Business 0

FATHER
12. Name Albert H Edwards
13. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name America Finley
15. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Albert Roy Edwards
(b) Address Hartville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Glenn E. Holden
(b) Address Hartville Mo

19. (a) 10-14-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th year 1940 hour 11 20 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1940 to October 13 1940 that I last saw him alive on 10-13-1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Descending Colon primary	6 mos
Due to	
Due to	
Other conditions Left Inguinal Hernia (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma Left desc. colon c̄ Metastases L. Hernia	
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Durward G. Hall (M. D. or other)
Address 500 Holland Bldg Date signed 10/14/40

(Licensed Embalmer's Statement on Reverse Side) Springfield, Mo