

Registration District No. 689

Primary Registration District No. 3033

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether  
In this community  
years, months or days) 1

3. (a) PRINT FULL NAME Thomas Jefferson Edwards  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 487-10-4023

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mula Baird Edwards 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased Oct 12 1904  
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Panhandle Eastern Pipe Line

12. Name Everett Edward Edwards

13. Birthplace Louisiana Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ma May Ayles

15. Birthplace Milton Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hospital Board

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 11/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Pearl Ill

18. (a) Signature of funeral director N. L. Eddy

(b) Address Pittsfield Ill

19. (a) 4/26/40 (b) T. Penney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ill (b) County Pike  
(c) City or town Pittsfield  
(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 Nov day 26  
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock and internal hemorrhage as result of explosion in pipe line warehouse at Pittsfield Ill  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Left Right Lung Penetrated  
Of operation \_\_\_\_\_  
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) accident  
(b) Date of occurrence 11/26/40  
(c) Where did injury occur? Pittsfield Pike Ill  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place  
While at work? Yes (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Pauling Green (Medical examiner)  
Address Pauling Green Mo Date signed \_\_\_\_\_

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.

FORM 5-17-39  
REV. 5-17-39  
U. S. GOVERNMENT PRINTING OFFICE: 1935

RECEIVED

District Health Officer No. 10

District File Number 17-40-2244

Date Filed DEC 7 1940

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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 W. Z. Eddy

Licensed Embalmer No. 2482

P. O. Address Prosperity Ave

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.