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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 19 1949

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1160**  
**120**  
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

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:  
**1312 Summitt**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **40 Yrs.** years, months or days)

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. **1312 Summitt** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **William Franklin Edwards**  
(b) If veteran, name war **None** (c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **8**  
year **1941** hour **4** minute **45 A.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Jennie Edwards** 6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **Oct. 7 1873**  
(Month) (Day) (Year)

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

8. AGE: Years **67** Months **3** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Carcinoma of the prostate  
& metastasis to the liver**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **51 lb**

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)  
10. Usual occupation **Ware House Man**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Yes**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **Logan Edwards**  
13. Birthplace **Illinois** (City, town, or county) (State or foreign country)  
14. Maiden name **Eliza Montgomery**  
15. Birthplace **No Record** (City, town, or county) (State or foreign country)

16. (a) Informant **Jennie Edwards**  
(b) Address **1312 Summitt**

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? \_\_\_\_\_

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 11 1941** (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt Hope Cem K.C.Ks.**

18. (a) Signature of funeral director **Mrs C?L?Forster**  
(b) Address **918 Brooklyn**  
19. (a) **Jan. 9, 1941** (Date received local registrar) (b) **M. W. Brown** (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (Means of injury)  
23. Signature **W. C. M. D.** (M. D. or other)  
Address **K.C. Mo.** Date signed \_\_\_\_\_

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

1946  
AUG 2  
1946  
MAR 11 1946

**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 *Berold T. Wade*

Licensed Embalmer No. 4172

P. O. Address Kansas City 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, fact should be so stated above.**