No. 2
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17-39
X23169

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

DEPARTMENT OF COMMERCE
FILED APR 15 1941
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9679
Registrar's No. 1088

Registration District No. 399 Primary Registration District No. 1002

48
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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: 1333 Grand Avenue
(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: 35 yrs.

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.: 1333 Grand Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Arron B. Edds
3. (b) If veteran, name war: None
3. (c) Social Security No.: ~~None~~ 490-16-4268
4. Sex: Male /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: Nov. (Month) 24 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	20	____ hr. ____ min.

9. Birthplace: Hogeye, (City, town, or county) Texas / (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
MOTHER FATHER
12. Name: General Harrison Edds
13. Birthplace: Virginia / (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Martha Cobeland
15. Birthplace: Carolina (South) / (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Lilia Edds
(b) Address: 1620 Central Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 17 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: 2332 Monitor Place, K.C. Mo.
19. (a) 3/17/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 3-14-41
year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from 7 P.M. ____, 19____, to ____, 19____; that I last saw ____ alive on ____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute pulmonary congestion
Hypertrophy of the heart
Chronic aortic valvulitis
Duration
Due to: ____
Due to: ____
Contributory: ____ (Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: Yes 92 N
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? (Specify kind of place) (Specify means of injury)
23. Signature: Gregory Burlin (M. D. or other)
Address: K.C. Mo. Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Blaine E. Weiler

Licensed Embalmer No.....4075

P. O. Address 2332 Monitor

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

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