

APR 15 1941

State File No. \_\_\_\_\_

Registration District No. 567

Primary Registration District No. 6763

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Whiting, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. James Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11  
(Specify whether years, months or days)

In this community 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: Whiting, Mo.  
(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.

3. (a) PRINT FULL NAME: MERLIN PEARL EDWARDS

3. (b) If veteran, name war: no

3. (c) Social Security No. none

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: —

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: May 13, 1940  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>9</u>		hr. _____ min.

9. Birthplace: Whiting, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Orley Edwards Jr.

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

14. Maiden name: Blanche Edwards

15. Birthplace: East Prairie, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Blanche Edwards

(b) Address: Whiting, Mo.

17. (a) Burial (b) Date thereof: 3/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakwood

18. (a) Signature of funeral director: Thomas Shelby

(b) Address: East Prairie, Mo.

19. (a) Apr 3, 1941 (b) Missouri  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 8  
year 1941 hour 2 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Feb 4, 1941, to March 8, 1941; that I last saw him alive on Feb 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to: Whooping Cough

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature: W. Whitaker (M. D. or other) 11

Address: East Prairie, Mo. Date signed: 4-2-41

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

RECEIVED

District Health Officer No. 2

District File Number 441-47

Date Filed 4/10/41

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

*Not embalmed*

Registered Apprentice No.

working under my personal supervision.

Signed

*Traavis Shelby*

Licensed Embalmer No.

*2726*

P. O. Address

*East Prairie, Mo*

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

If this body is not embalmed, above space should be left blank.