DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25618

Registration District No. 561 — Primary Registration District No. 4330 — Registrar's No.

1. PLACE OF DEATH:

(a) County MILLER

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

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

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

In this community 43 YRS

2. USUAL RESIDENCE OF DECEASED: 066

(a) State Missouri (b) County Miller

(c) City or town Tuscmdia (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 Lewis-M-Edwards

3. (b) If veteran, name war NONE

3. (c) Social Security No. 487-18-4564

4. Sex MALE

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband~~ or wife FLOSSIE-B-EDWARDS

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

7. Birth date of deceased JULY (Month) 27 (Day) 97 (Year)

8. AGE: Years	Months	Days	If less than one day
43	11	15	X hr. X min.

9. Birthplace MILLER (~~City, town, or~~ county) Mo (State ~~or foreign country~~)

10. Usual occupation MECHANIC

11. Industry or business GARAGE

FATHER
12. Name Louis-S-Edwards
13. Birthplace Shelbyville (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name CATHEN BADE
15. Birthplace Miller (~~City, town~~, or county) Mo (State ~~or foreign country~~)

16. (a) Informant's own signature Louis S. Edward

(b) Address Tuscumbia Mo

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 7-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Tuscumdia-Mo

18. (a) Signature of funeral director Keith McKays

(b) Address Eldon Mo

19. (a) 7-13-41 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-12, 1941, to 7-12, 1941, that I last saw him alive on 7-12, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis and myocardial degeneration	yrs
Due to	
Due to 93d	
Other conditions Chronic Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. L. Shelton (M. D. or other)

Address Eldon Date signed 7-13-41

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

AUG 22

RECEIVED
Miller County Health Dep't
County File Number 41-88
Date Filed 8/14/41

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.....

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

working under my personal supervision.

Signed Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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

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

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25618

Registration District No. 561 Primary Registration District No. 4330 Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Miller
(c) City or town: Tuscumbia
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lewis M Edwards
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) (Year)
8. AGE: Years: 43 Months: Days: If less than one day: hr. min.
9. Birthplace: (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director:
(b) Address:
19. (a) 7-13-41 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July Day: 12 year: 1941 hour: minute: 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.

	Duration
Immediate cause of death:	
Due to: He was a resident of Tuscumbia Mo.	
Due to: and was only in Eldon to spend the day	
Other conditions (Include pregnancy within 3 months of death): when he was	PHYSICIAN
Major findings: Of operations: taken suddenly very ill & died	Underline the cause to which death should be charged statistically.
Of autopsy:	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed:

SUPPLEMENTARY