

Registration District No. 837

Primary Registration District No. 4508

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah Jane Edwards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles L. Edwards 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb 22, 1880/1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name L.C. Ellis
13. Birthplace Haleonda Ill (City, town, or county) (State or foreign country)
14. Maiden name Mary Rodgers
15. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Charles L. Edwards
(b) Address Bloomfield Mo
17. (a) Burial (b) Date thereof July 25, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Walsh Bros and Son
(b) Address Bloomfield Mo
19. (a) July 25, 41 (b) J. C. Gornell Finch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 103
(c) City or town _____ (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day July
year 1941 hour _____ minute 30 a.m.

21. I hereby certify that I attended the deceased from July 11, 1941 to July 22, 1941;
that I last saw him alive on July 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of digestive tract; metastatic unknown Duration 1 year

Due to _____
Due to _____
Other conditions (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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Joseph Lederman (M. D. or other) Chm. D.
Address Bloomfield, Missouri Date signed 7-24-41

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

John L. ...
Sept 19 1941

RECEIVED

District Health Office No. 2

District File Number 841-1113

Case Filed 8-15-41

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 BJ Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26383

Registration District No. 837

Primary Registration District No. 45-08

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield
(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 _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) no
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 24 Year 1941 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

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

3. (a) PRINT FULL NAME Sarah J Edwards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced wid

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 _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct-1-41 (b) Loonie Turch
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

MOTHER FATHER

