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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27949

Registration District No. 1124 Primary Registration District No. 3009 Registrar's No. 302

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Portageville (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Stanley Edwards.
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 8 (Day) 1941 (Year)

8. AGE: Years | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Portageville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Hal D. Edwards.
13. Birthplace Portageville (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Ruby May Allen.
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Stanley Edwards.
(b) Address Portageville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Mo.
18. (a) Signature of funeral director Dr. Pole Funeral Parlor
(b) Address Portageville Mo.
19. (a) 8-10-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1941 hour 11 minute 10 P. M.
21. I hereby certify that I attended the deceased from Aug 6-1941, 19, to Aug 6, 1941 that I last saw him alive on Aug 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ileo Colitis ✓	2 wks
Due to	
Due to	
Other conditions Bilateral otitis media (suppurative) (Include pregnancy within 3 months of death)	2 mos

119a

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 J H Cochran (M. D. or other) M.D.
Address Aug 10-1941 Date signed Cape Girardeau, Mo

(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~~ Noel C. Dean, Registered Apprentice No. ..... working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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

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