

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4099

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:
2704 East 54th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

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. 2704 East 54th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John L. Edwards

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Dollie Edwards

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 19, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Unknown

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

14. Maiden name Hester

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

16. (a) Informant Dollie Edwards

(b) Address 2704 East 54th St.

17. (a) burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Quindaro, K. C. Mo.

18. (a) Signature of funeral director Starkins

(b) Address 1729 Lydia

19. (a) 11-4-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - Day 31 - Year 1941
hour _____ minute 6:20 M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration
Coronary Occlusion

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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)
(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 Russell W. Pen (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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3
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0428
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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..... *J. Manlove*

Licensed Embalmer No *3994*

P. O. Address *2503 Highland*

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, fact should be so stated above.