

FILED FEB 16 1942 7348

Registration District No. _____ Primary Registration District No. **4206**

Registrar's No. _____

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

42
 0
 0

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Brownington, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Brownington
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 78 yrs
 years, months or days

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 18
 year 1942 hour 8 minute 30 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 divorced widowed
 6. (b) Name of husband or wife Margie J. Edwards 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased 4 (Month) 21 (Day) 1864 (Year)

21. I hereby certify that I attended the deceased from 1-17, 1942, to 1-18, 1942
 that I last saw him alive on 1-18, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial infarct
Pulmonary Edema

9. Birthplace Cole Camp, Mo. (City, town, or county) (State or foreign country)

Due to Bronchitis Chronic

10. Usual occupation Farmer

Due to _____

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 12. Name Benjamin Edwards
 13. Birthplace Cole Co. Kentucky (City, town, or county) (State or foreign country)

Major findings: Of operations _____

14. Maiden name Ann Hunter
 15. Birthplace Deport, Mo. (City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Harry Edwards
 (b) Address Brownington, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 21 42 (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Mt Zion Cem

(b) Date of occurrence _____

18. (a) Signature of funeral director Fred Wilkinson
 (b) Address Clinton, Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)

19. (a) Jan. 22-42 (b) Georgia Kitcher (Date received local registrar) (Registrar's signature)

(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 E. C. Peeler (Physician's signature) (M.D. or other)
 Address Clinton, Mo. Date signed 1/21/42

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-60

Date Filed 2-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.