. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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. 3330

FILED FEB 16 1942

Registration District No. 744 Primary Registration District No. 3035 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 202 Buckhanan Richmond (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Maud R. Edgar

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female

5. Color or race Black

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

6. (b) Name of husband or wife Wm. Henry Edgar

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

7. Birth date of deceased Feb. 20 th. 1885. (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Henry Giles
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wilson
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Edgar

(b) Address Richmond Mo.

17. (a) Sunny Slope (Burial, cremation, or removal) (b) Date thereof 1-13-42. (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Richmond Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) Jan 17, 1942 (Date received local registrar) (b) Chas W. Lippard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 10th day year 1942 hour minute 9a M.

21. I hereby certify that I attended the deceased from Dec 6 1941 to Jan 10 1942 that I last saw her alive on Jan 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy

Duration

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. E. Fay (M. D. or other)

Address Richmond Mo. Date signed 1-10-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-42

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 J.B.Brothers, Registered Apprentice No.,

working under my personal supervision.

Brothers Funeral Home.

Signed J. B. Brothers

Licensed Embalmer No. 2001.

P. O. Address Richmond 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, fact should be so stated above.