

S. No. 2  
M-9.4-41  
v. 5-17-39  
I X29484

20245

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Filed JUL 9 1942

2505

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. ....

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:  
2529 Elmwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 23 Yrs. (Specify whether years, months or days)

In this community 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2529 Elmwood  
(If rural, give location)

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

If yes, name country. ....

3. (a) PRINT FULL NAME Thos. Raymond Edmondson

3. (b) If veteran, name war No.

3. (c) Social Security No. 510-07-0539

4. Sex Male  5. Color or race Wh.

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

6. (b) Name of husband or wife Violet A. Edmondson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 15 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 11 14 15 hr. min.

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

10. Usual occupation Car inspector Cudhay

11. Industry or business Packing Col.

MOTHER FATHER

12. Name Chas. W. Edmondson

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

14. Maiden name Elizabeth Buckman

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

16. (a) Informant Mrs. Violet A. Edmondson

(b) Address 2529 Elmwood K.C.Mo.

17. (a) Burial (b) Date thereof July 2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) 7-1-42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1942 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from July 17  
1942 to June 30 1942  
that I last saw him alive on June 30 1942  
and that death occurred on the 30 and hour stated above.

Immediate cause of death Carcinoma Pancreas

Due to 46 y

Due to .....

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

Major findings: Carcinoma head of Pancreas

Of operations insuffic

Of autopsy None

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) L

(b) Date of occurrence L

(c) Where did injury occur? L

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

While at work L (Specify type of place)

(e) Means of injury L

23. Signature Ralph Perry (M. D. or other) MD

Address 4200 E 24 Date signed 6-30-42

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

me

361

*Dr. Edmond*

**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 *Chas. Wilks*  
Licensed Embalmer No. *2644*  
P. O. Address *1800 Linwood*

**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.**