

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

Rev. 5-17-30
1 x1951

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31081

State File No. _____

Registrar's No. 53

Registration District No. 277

Primary Registration District No. 6950

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State New Hartford (b) County Pike
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME LAURA BELL EDWARDS
 3. (b) If veteran, name war X
 3. (c) Social Security No. 6
 4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married 1 divorced, married
 6. (b) Name of husband or wife Abraham L. Edwards
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Feb 14 1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 - Day 20 - Year 42
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 for years, 19____, to 9-24-42, 19____;
 that I last saw h. he alive on 9-24-42, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 7 Days 12 If less than one day hr. _____ min. _____

Immediate cause of death Cornary Thrombosis Duration Instant
 Due to Myocardial Infarction
 Due to _____
 Other conditions age
 (Include pregnancy within 3 months of death) 94a

9. Birthplace Louisiana Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife
 11. Industry or business _____
 MOTHER FATHER {
 12. Name James A. Venable
 13. Birthplace Don't know
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy J. Blackmon
 15. Birthplace Montgomery Ala
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Abraham L. Edwards
 (b) Address New Hartford, Mo.
 17. (a) Burial (b) Date thereof 9 29 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Immanuel Cemetery
 18. (a) Signature of funeral director Walter Bankhead
 (b) Address Bowling Green Mo.
 19. (a) Sept 30/42 (b) Miss Frank Godon
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature W H Wilson (M. D. or other) _____
 Address 2011 Green No Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 10-42-1808

Date Filed OCT-2-1942

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 S. A. Roof
Licensed Embalmer No. 3044
P. O. Address Bowling Green 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, above space should be left blank.