V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32697

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3897

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:
601 West 57th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 601 West 57th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME Mrs. Catherine Edwards

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mr. Noeh Edwards
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased January (Month) 17 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	9	4	hr. min.

9. Birthplace Lockport (City, town, or county) New York / (State or foreign country)
10. Usual occupation At Home
11. Industry or business ----

FATHER
12. Name Frank Reynolds
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace (City, town, or county) " 9 (State or foreign country)

16. (a) Informant Mrs E. H. Wachter
(b) Address 601 - West 57th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 23 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery
18. (a) Signature of funeral director O. N. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 10-22-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1942 to Oct 20, 1942 that I last saw her alive on Oct 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	14 dac
Due to Arteriosclerosis	yr
Due to 83 B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Harry L. Lane (M. D. or other)
Address Kansas City Mo Date signed 10/21/42

(Licensed Embalmer's Statement on Reverse Side)

1107 Bryant Bldg.
2-5-

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.