No. 2
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1442

State File No.

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 123

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Washburn, Rural Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5 0

(c) City or town Washburn - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mis Southwest of Washburn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Haviett Edens.

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

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

7. Birth date of deceased May (Month) 25 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
85	85	7	2	hr. min.

9. Birthplace Seligman (City, town, or county) Mo D (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Wallace
13. Birthplace Unknown (City, town or county) Virg 1 (State or foreign country)

MOTHER
14. Maiden name Phoebe Babb
15. Birthplace Unknown (City, town, or county) Virg 1 (State or foreign country)

16. (a) Informant Orber Edens
(b) Address Washburn, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 29 (Day) 42 (Year)
(c) Place: burial or cremation King's Cemetery - Washburn twp

18. (a) Signature of funeral director W. D. Koon
(b) Address Cassville, Mo

19. (a) Dec 30 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1942, to Dec 27, 1942
that I last saw her alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to Arteriosclerosis + Chronic Interstitial
Due to Nephritis

Other conditions
(Include pregnancy within 3 months of death)
Fracture of Right Femur

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: 005
(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 Dr Chas. R. Brown (M. D. or other) 120
Address Seligman Missouri Date signed 12/28/42

(Licensed Embalmer's Statement on Reverse Side)

.071

RECEIVED
District Health Officer No. 6,
District File Number 145-76
Date Filed JAN 20 1943

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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. 1442

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 123

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Harieth Edens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 25 (Day) 1857 (Year)

8. AGE: Years 85 Months 7 Days 2 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to arteriosclerosis — & Chronic Intenstitial

Due to nephritis

Other conditions (Include pregnancy within 3 months of death) Nov 28-42

Fracture of Right Fem

Major findings:
Of operations 186a 8 fill
Of autopsy 18

Duration

MEDICAL

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 Nov. 28. 1942.
(c) Where did injury occur? Seligman (City or town) Barry (County) Co Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? at farm home (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Chas. R Brown (M. D. or other) DO
Address Seligman Mo Date signed 2/27/43