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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 25 1943 FILED JAN 25 1943

Primary Registration District No. 1000

Registrar's No. 5-6

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 6546 Sherman St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 6546 Sherman St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Jared Edwards

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Elema T.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June (Month) 13 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Barber

11. Industry or business None

FATHER
12. Name William Edwards
13. Birthplace (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Henrietta Wait
15. Birthplace (City, town, or county) Canada (State or foreign country) 2

16. (a) Informant Deyo L. Edwards (Son)

(b) Address Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director John E. Rupp

(b) Address 6054 Prior Ave., City

19. (a) 11-2-42 (Date received local registrar) (b) Rose Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1942 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from October 23rd, 1942, to October 29, 1942; that I last saw him alive on October 29, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	about 10 days
Due to	
Due to Influenza	about 1 week
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. A. Roberson (M. D. ~~or other~~)

Address 5723 Lake Ave St Joseph Date signed Nov 1-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed: John E. Rupp

Licensed Embalmer No. 3986

P. O. Address: St. Joseph, 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.