

FILED JUL 17 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 103

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location) 1 day
 (d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville
 (d) Street No. 1016 East 1st. (If outside city or town limits, write "RURAL")
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME McClelland Edmonston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Lucia A. Abbott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>17</u>	hr. min.

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

10. Usual occupation Attendant State Hospital

11. Industry or business Brook Edmonston

12. Name unknown Ind. /

13. Birthplace Rosena Ga. (State or foreign country)

14. Maiden name unknown Ind. /

15. Birthplace Ray Edmonston (City, town, or county) (State or foreign country)

16. (a) Informant Council Blueff Ia.

(b) Address burial 6-29-43

17. (a) (Burial, cremation, or removal) Miriam Cemetery (b) Date thereof 6-29-43 (Month) (Day) (Year)

(c) Place of burial or cremation Prize Funeral Home

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

19. (a) 6-29-43 (Date received local registrar) (b) Maryville Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 24th 1943 to June 27th 1943. That I last saw him alive on June 27 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 2 days

Due to chronic myocarditis

Due to _____

Other conditions Edema left lung (Include pregnancy within 3 months of death)

Major findings: Of operations none 9/30

Of autopsy none

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 L. E. Dean (M. D. or other) _____ Address Maryville Mo Date signed 6-28-43

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

74
1
2

74
1
2

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..... *Wm L Gee*

Licensed Embalmer No..... *2539*

P. O. Address..... *Manville 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.