

40949

FILED JAN 3 1944 149

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town J.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2717 Holmes
(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 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town J.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Holmes
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie M. Edison

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

5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife William Edison 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 yr. 0 mo. 0 da. _____ hr. _____ min.

9. Birthplace Rick Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hand at General Hosp

11. Industry or business _____
12. Name James Seifers
13. Birthplace Richell Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Ann A. Pitchford
15. Birthplace Richell Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant James Seifers
(b) Address 1608 N. Smelthorpe Pittsburg

17. (a) Burial (b) Date thereof 12-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg Mo.

18. (a) Signature of funeral director _____
(b) Address P.O. Box 145 Pittsburg Mo.

19. (a) 12-18-43 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Day 16 Year 43
hour _____ minute _____ P. M.
21. I hereby certify that I attended the deceased from _____ to _____
Deputy to Coroner
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death White Carbon Monoxide
Due to Intoxication
Due to 178
Other conditions 117
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence 12-6-43
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. C. O. Wether (Specify type of place) _____
Address 28 Mc Coy (c) Means of injury Gas
Date signed 12/17/43 (M. D. or other)

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

MOTHER FATHER

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by Francis Walton by
working under my personal supervision. Registered Apprentice No. 2744

Signed J. H. Quinn
Licensed Embalmer No. 2744
P. O. Address H.P. 200

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.