V. S. No. 2
10C —2-43
Rev 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42501

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hours (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Lone Jack
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi North
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Edwards, Mrs. Ethel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sidney C. Edwards

6. (c) Age of husband or ~~wife~~ if alive 67 years

7. Birth date of deceased November (Month) 4 (Day) 1889 (Year)

8. AGE: Years 54 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name Marcus M. Moore

13. Birthplace Lincoln (City, town, or county) Nebraska (State or foreign country)

14. Maiden name Ida Reeves

15. Birthplace Lincoln (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant Mrs June Maloney
(b) Address Lees Summit Mo R7 Box 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director N. B. Langford
(b) Address Lees Summit Mo

19. (a) Nov. 10 1943 (Date received local registrar) (b) F. M. Schlicht (Registrar's signature) Schlicht

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1943 hour 1:15 minute a. M.

21. I hereby certify that I attended the deceased from 11-7, 1943, to 11-8, 1943
that I last saw her alive on 11-7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 da
Due to
Due to
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 [illegible] (M. D. or other) Web
Address Lees Summit Date signed 11/8

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.