S. No. 2
0M—2-43
5-17-39
X33697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44013

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 121

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada Mo
(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 years, months or days) In this community: Eight months

2. USUAL RESIDENCE OF DECEASED: 108
(a) State: Mo (b) County: Vernon
(c) City or town: Nevada
(If outside city or town limits, write "RURAL")
(d) Street No.: 1012 N Adams
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: JOHN HENRY EDNEY
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: M
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 living or if deceased, years ____
7. Birth date of deceased: Sept (Month) 15 (Day) 1865 (Year)
8. AGE: Years 78 Months 2 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace: Montgomery Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Retired
MOTHER FATHER
12. Name: Adison Edney
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Knight
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Stella Davis
(b) Address: 1012 N. Adam St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Newton Cemet
18. (a) Signature of funeral director: Fegy Funeral Home
(b) Address: Nevada Mo
19. (a) 12-17-43 (Date received local registrar) (b) Hazel B. Beurch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 1943 hour 7 minute 10 — M.
21. I hereby certify that I attended the deceased from Oct 1, 1943, to Dec 12, 1943, that I last saw him alive on Dec 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardio-renal disease — Duration
Due to: General arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 3 | A
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: F. L. Martin (M. D. or other) M.D.
Address: 101½ E. Cherry Date signed: 12-14-43

(Licensed Embalmer's Statement on Reverse Side)

1337

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1422
Date Filed 1-5-44

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 me, Registered Apprentice No., working under my personal supervision.

Signed Merle E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.