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ev. 5-17-39
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38496

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1944
2609

Registration District No. _____

Primary Registration District No. 5905

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Remont

(b) City or town Portageville Stanton
(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

In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remont

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Hayward
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecil Eugene Edwards

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 0

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

7. Birth date of deceased Apr 28 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1944 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 21, 1944 to Oct 22, 1944
that I last saw him im alive on Oct 21, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

5	28		
hr.			min.

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

10. Usual occupation Infant

Immediate cause of death Starvation Duration 5 mos

Due to Improper feeding 5 mos

Due to _____

Other conditions usual
(Include pregnancy within 3 months of death)

Major findings: Of operations none 10/17

Of autopsy none 9/7

11. Industry or business _____

12. Name _____

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

14. Maiden name Wesley Edwards

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Edwards

(b) Address 422 1/2 Sherman Bldg Portageville

17. (a) Rural (b) Date thereof 10-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director J. J. Cressy

(b) Address Portageville Mo

19. (a) 10 23 44 (b) J. J. Cressy
(Date received by registrar) (Registrar's cemetery)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 078

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. O. Conrad (M. D. or other) M. D.

Address Portageville Mo Date signed 10-22-44

590

(Licensed Embalmer's Statement on Reverse Side)

11-44-265

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 *Noel C. Dean*.....

Licensed Embalmer No. *3941*.....

P. O. Address *Portageville*.....

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.