7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20135

Primary Registration District No. 3012

Registrar's No. 89

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 3 mos. 15 days (Specify whether years, months or days)

In this community 2 yrs. 3 mos. 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1018 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: James B. Edwards

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: Yes, not remembered

4. Sex: Male

5. Color or race: Colored

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

6. (b) Name of husband or wife: Catherine Edwards

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: February 19, 1896 (Month) (Day) (Year)

8. AGE: Years 49 | Months 4 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace: Shreveport, La. (City, town, or county) (State or foreign country)

10. Usual occupation: Porter

11. Industry or business: Baber Shop

FATHER
12. Name: Louis Edwards
13. Birthplace: Shreveport (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name: Hattie Shanon
15. Birthplace: Shreveport (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-45 (Month) (Day) (Year)

(c) Place: ~~Burial or cremation~~ or removal: Kansas City, Mo.

18. (a) Signature of funeral director: Herbert Hope
HERBERT HOPE

(b) Address: Excelsior Springs, Mo.

19. (a) 6-30-45 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1166

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to June 30, 1945; that I last saw him alive on June 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, far advanced, active	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Meningitis, tuberculous	approx, 8 days

Major findings:
Of operations: 1341
Of autopsy: As shown above

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: Ernest M. Tapp (M. D. or other) MD
ERNEST M. TAPP, Lt.Col., M.C.

Address: Veterans Administration, Excelsior Springs, Mo. Date signed 6-30-45

RECEIVED
District Health Officer No. 8,

File Number

Filed 7/9/45

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 Jas A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.