

FILED JUL 14 1945 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 23 rd & Schifferdecker  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Henry A. Edwards

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-28-7286

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa L. Edwards 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 29, 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Buffalo Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Ladoreor

11. Industry or business Lead Products Co. Joplin

12. Name William Henry Edwards

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

14. Maiden name Mary Jane Stamley

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

16. (a) Informant R. H. Eckart

(b) Address 2518 Connor Ave.

17. (a) Burial (b) Date thereof 6-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEML Funeral Home Co.

18. (a) Signature of funeral director [Signature]

(b) Address Joplin Mo

19. (a) 6-25-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22 day 22  
year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 19 1945 to June 22 1945  
that I last saw him alive on June 22 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]  
Of autopsy

Duration  
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  
Signature [Signature] (M. D. or other)  
Address Joplin Mo Date signed 6-25-45

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

45-6-522

**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

*Frank J. [Signature]*

Licensed Embalmer No. *959*

P. O. Address *[Signature]*

**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.**