

FILED AUG 20 1945

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH

(a) County Daviess  
(b) City or town Edgington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Conv. Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution sixteen days (Specify whether years, months or days)  
In this community sixteen days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 103  
(c) City or town Callins  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Edgington, Fred Ellis

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Mar. 3  
6. (b) Name of husband or wife undknown  
6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased April 20 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 28  
If less than one day hr. .... min.

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

10. Usual occupation meat cutter

11. Industry or business.....

MOTHER FATHER

12. Name Edgington, George

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

14. Maiden name Edgington Julia

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

16. (a) Informant Robt. G. Gernie

(b) Address 7842 Jeff St. Kansas City

17. (a) removal (b) Date thereof 7-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetmore, Iowa

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Lolomibia Mo

19. (a) 7-18-1945 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1945 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from 7-2 1945 to 7-18 1945; that I last saw him alive on 7-18 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Duration 1 yr  
Due to Removal of left testes 1 yr

Due to.....

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

Major findings: Of operations 552

Of autopsy Confirmation of 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 William T. Mon (M. D. or other) M.D.

Address Ellis Trichel Co. Hosp Date signed 7/18/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

8-16-45

**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

*Frank J. Davis*

Licensed Embalmer No.

41321

P. O. Address

*Columbis*

**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.