

FILED JAN 11 1946
Registration District No. **255**

Primary Registration District No. **5872**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town "Rural" Highland Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West Plains, Mo. Rover Rt. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. West Plains, Mo. Rover Rt.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES LEWIS 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 Widowed

6. (b) Name of husband or wife Pearl Caroline Thomas

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Dec. 23, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>20</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name William James Edwards

13. Birthplace Haywood Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Martin

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

16. (a) Informant Mrs. Bessie E. Huddleston

(b) Address West Plains, Mo. Rover Rt.

17. (a) Burial (b) Date thereof DEC. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomasville, Mo.

18. (a) Signature of funeral director Hal Thomburgh

(b) Address West Plains, Mo.

19. (a) 12-18 (b) Mrs. W.C. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13,
year 1945 hour 8: minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 21st
1945 to Dec. 13, 1945
that I last saw him alive on Sept. 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver Duration
Undetermined

Due to Undetermined

Due to

Other conditions 12th
(Include pregnancy within 3 months of death)

Major findings: 12th

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Art. Thomburgh (M. D. or other)

Address West Plains, Mo. Date signed 12/14/45

RECEIVED

Disposal

number No. 8

District No.

14689

Date Filed

11.9.46

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

Hal Thomburg

Licensed Embalmer No.

3408

P. O. Address

West Plains, 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.