

No. 2  
-8-43  
5-17-39  
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**FILED** FEB 15 1948  
Registration District No. 87

Primary Registration District No. 3046

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years, 3 months  
(Specify whether years, months or days)  
In this community 2 year, 3 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town R. R. Meadville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles North Meadville  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

George W. Edwards  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th  
year 1946 hour 7 minute 15 A. M.  
21. I hereby certify that I attended the deceased from  
Sept 15, 1944 to Jan 10, 1946  
that I last saw him alive on Jan 9, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mildred Duncan Edwards  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased: November 18, 1864  
(Month) (Day) (Year)

Immediate cause of death  
apoplexy  
arteriosclerosis  
Duration 1 hr.  
Due to \_\_\_\_\_ ?

8. AGE: Years' Months Days  
81 1 22  
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations g3n  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name David Edwards

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

14. Maiden name Eliza Taylor

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

16. (a) Informant Harry Thomas

(b) Address Moberly, Missouri

17. (a) Burial (b) Date thereof 1-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ogan Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) 1-11-46 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature R.A. Bertram (M. D. \_\_\_\_\_)  
Address Chillicothe, Mo Date signed 1/12/46

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

59  
1  
2

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

Elton F. Norman

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.**