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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4763

State File No. .....

Registration District No. 46 Primary Registration District No. 5149 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13

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

(d) Street No. ..... (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Ulysis F. 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 2 Widowed

6. (b) Name of husband or wife Rebecca Jane Hill 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 24 (Day) 1864 (Year)

8. AGE: Years 81 Months 6 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace N.Y. Twp. Caldwell Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name John Edwards
13. Birthplace ..... Va. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margret Katherine Crist
15. Birthplace ..... Va. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Lynn Edwards
(b) Address Hamilton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1945 (Month) (Day) (Year)
(c) Place: burial or cremation N.Y. Cem N.Y. Twp

18. (a) Signature of funeral director Brant Funeral Home
(b) Address Hamilton Mo

19. (a) Feb 4-46 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 9th year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec 3 1945, 19.., to Dec 9, 1945 that I last saw him alive on Dec 9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Urosepsis	
Prostatic carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 51	

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 2

23. Signature Henry R. Elster (M. D. or other) D.O.

Address Hamilton Mo Date signed Jan 4 1945

36 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.