

FILED FEB 28 1946

STANDARD CERTIFICATE OF DEATH

State File No.

6305

Registration District No. 3-53174

Primary Registration District No. 56-554280

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town State City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town State City
(d) Street No.
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME Joanne Edwards

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased June 17 1945 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 28 hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name Lynn Edwards

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

14. Maiden name Juanita Kappelman

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

16. (a) Informant Lynn Edwards (b) Address State City

17. (a) Removal (b) Date thereof 1/5/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo

18. (a) Signature of funeral director Roy H. Mauldin

(b) Address Crane Mo

19. (a) 1-14-46 (b) Dr. Philbrick (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-3-45 to 1-5-46

that I last saw her alive on 1-5-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure

Due to Broncho-Pneumonia (Recurrent)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

Duration
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) Means of injury.

23. Signature: Kenneth Glover M.D. Address: Mt. Vernon Mo Date signed: 1/9/46

15-8

(Licensed Embalmer's Statement on Reverse Side)

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

5283

RECEIVED

District Health Officer No. 6;

District File Number 146-153

Date Filed FEB 26 1946

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 Ray H. Manlove

Licensed Embalmer No. 3827

P. O. Address Chambers

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.