S. No. 2
M—2-43
. 5-17-39
X35697

14634

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15742

FILED JUN 10 1946

Registration District No. 57

Primary Registration District No. 5117

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Boone

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

(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 ✓ (Specify whether
In this community ... years, months or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town McBaine Mo
(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 Dick Unnamed 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 Infant

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Apr (Month) 19 (Day) 46 (Year)

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

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

10. Usual occupation Infant

11. Industry or business ✓

FATHER
12. Name Noah Edwards
13. Birthplace McBaine (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Emma Wyman
15. Birthplace McBaine (City, town, or county) Mo (State or foreign country)

16. (a) Informant Sam Wyman

(b) Address McBaine Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Ch

18. (a) Signature of funeral director R. O. Willett

(b) Address Columbia Mo

19. (a) 5-1-1946 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19 year 1946 hour 18 PM minute 45 M.

21. I hereby certify that I attended the deceased from Apr 19, 1946 to Apr 19, 1946 that I last saw her alive on Apr 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Toxemia of Pregnancy

Due to ...

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

Major findings:
Of operations ...
Of autopsy ...

Duration

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 H. B. Pryor (M. D. or other)

Address Ashland Mo Date signed 4-20-46

(Licensed Embalmer's Statement on Reverse Side)

27

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-8-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.