

FILED JUL 11 1946

Registration District No. 120 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Minutes
(Specify whether)
 In this community 53 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1120 E. Pacific
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry C. Edwards
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 16
 year 1946 hour 10 minute 40a M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Geneva Edwards
 6. (c) Age of husband or wife if alive UNK. years
 7. Birth date of deceased: July 8, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Unattended by physician 1946 to Physician 1946
 that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
✓ <u>53</u>	<u>11</u>	<u>8</u>		_____hr. _____min.

Immediate cause of death probably coronary thrombosis
 Duration _____

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

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business Railway Employee
 12. Name William Edwards
 13. Birthplace Carroll Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Keltner
 15. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harry C. Edwards
 (b) Address Springfield, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46
(Month) (Day) (Year)
 (c) Place: Burial or cremation Manley Cemetery
 18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.
 19. (a) 6-18-46 (Date received local registrar) (b) Dr. W.S. Havelly (Registry's signature)

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 W.S. Havelly local Registrar (M. D. or other)
 Address Springfield Mo. Date signed 6/18/46

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

Walter E. Hamel

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.

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