

S. No. 2  
A-8-43  
5-17-39  
PI X37023

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39380**

**FILED DEC 2 1946**  
Registration District No. 351

Primary Registration District No. 6186

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Janey

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Janey 106

(c) City or town Janeyville Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles N.W. of Janeyville  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** DAYE EDWARDS

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

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

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

7. Birth date of deceased March 24 1881  
(Month) (Day) (Year)

**8. AGE:** Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs Edwards

(b) Address Janeyville Rural

17. (a) Rural (b) Date thereof 10-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: Helfrey Cemetery

18. (c) Signature of funeral director: Elmer C. Forsyth

(b) Address Forsyth Mo.

19. (a) 11-7-46 (b) C.R. Okaman  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month October day 24<sup>th</sup> year 1946 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 10<sup>th</sup> 1946 to October 24 1946; that I last saw him alive on October 2 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Heart Disease

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 94A

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 6

23. Signature H. W. Clapp (M. D. or other) \_\_\_\_\_  
Address Forsyth, Mo. Date signed 10-25-46

Duration \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

322 (Licensed Embalmer's Statement on Reverse Side)

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

3813A

RECEIVED

District Health Officer No. 6;

District File Number 1146-1179

Date Filed NOV. 29 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, <sup>and</sup> by.....

~~.....~~....., Registered Apprentice No. 421  
working under my personal supervision.

*Body was not embalmed.* Signed Minnie L. Wheelchel.

Licensed Embalmer No. 2277

P. O. Address. Branson 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.