

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater Mo
(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

3. (a) PRINT FULL NAME Lagan J. Edwards

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

4. Sex Male 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 _____

7. Birth date of deceased Jan 15 - 1965
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Edwards

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roden

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

16. (a) Informant Paul L. Edwards

(b) Address 4325 W 2nd St Wichita

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Exp.

18. (a) Signature of funeral director Paul Hunt

(b) Address Deepwater Mo

19. (a) 1-23-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Deepwater Mo 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 20th day _____
year 1947 hour 12:44 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 20, 1947
that I last saw him alive on Jan 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Stenosis & Sclerosis

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

Major findings: Of operations 93E

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

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 2

23. Signature J. R. Rowland (M. D. or other) NO

Address Deepwater Mo Date signed 1-21-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
0

120

LT-20.7
7072-91-21

3045

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..... *Tom Stuart*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.