

FILED MAR 10 1947

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wheatley Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **25 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1112 E. 21st Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Cornelia Edwards**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Walter Edwards** 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased **January 22, 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **McAlister, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Cleveland Dodd**
13. Birthplace **Chillicothe, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Chillicothe, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Shoulders**
(b) Address **1112 E. 21st St.**

17. (a) **Burial** (b) Date thereof **2/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Walter Bess**
(b) Address **1729 Lydia Avenue**

19. (a) **2-25-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1947** hour **11** minute **09P M.**

21. I hereby certify that I attended the deceased from **Feb. 7**, 1947 to **Feb. 20**, 1947
that I last saw her alive on **Feb. 20**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Cervix Uteri
Generalized Metastasis
Due to **(?) bacteria**
Due to _____

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

Major findings: **480**
Of operations _____
Of autopsy _____

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, place)
Means of injury _____

23. Signature **Raymond Blum** (M. D. or other) _____
Address **1830 Pine St** Date signed **2/25/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. H. H. H. H.

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..... *Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address. *2503 Highland*

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.