S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8211

Registration District No. 53 Primary Registration District No. 30105185 Registrar's No. 96

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

(b) City or town Cape Girardeau (CAPE GIR. CITY)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cape Girardeau R.F.D. # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. Cape Girardeau R.F.D. # 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel O. Edwards

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-0191

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hersell Russell

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

7. Birth date of deceased September (Month) 2nd (Day) 1897 (Year)

8. AGE: Years 49 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Near Flat River (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Section hand Frisco R.R.

11. Industry or business

FATHER
12. Name Don't Know 9
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 7

16. (a) Informant Jake G. Willis
(b) Address Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 3-26-1947 (Date received local registrar) (b) G. C. Summers (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 24
year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mch. 22, 1947, to Mch. 22, 1947
that I last saw her alive on Mch 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to complicated with influenza

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 33B

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 A. M. Murphy (M. D. ~~or other~~)
Address Cape Girardeau Date signed 3-22-47

44

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1948

JUN 13 1947

APR 21 1947

RECEIVED

Health Officer No. 4

File Number 347-447

Date Filed 3-31-47

## 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. William Lee Townsa

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.**