S. No. 2
1—12-45
r. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8302

Registration District No. 71 | Primary Registration District No. 3012 | Registrar's No. 24

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No.: 462 So Marietta (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM EDWARDS

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

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Edwards
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 10 (Day) 1872 (Year)

8. AGE: Years 72 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace: Marrisdale Pa (City, town, or county) (State or foreign country)
10. Usual occupation: Coal Miner
11. Industry or business:
FATHER 12. Name: Geo Edwards
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Eugene Edwards
(b) Address: Cobalt City Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cemetery
18. (a) Signature of funeral director: Virgil Hope
(b) Address: Excelsior Springs Mo
19. (a) 2/25/47 (Date received local registrar) (b) Edralin Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Feb 17 year 1947 hour 1 minute 0 P.M.
21. I hereby certify that I attended the deceased from Feb 10 1947 to Feb 17 1947 that I last saw him alive on Feb 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Due to: Fractured left hip and senility
Due to:
Other conditions: Nephrosis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: N P
Of autopsy: N P

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): Accident
(b) Date of occurrence: Feb 10 1947
(c) Where did injury occur? Ex Springs Clay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: E. V. Sapp M.D. (M. D. or other)
Address: Excelsior Springs Date signed: Feb 18-47

62 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-22-47

JUL 7 1946

OCT 6 1952

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 Jas A Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.