

S. No. 2
M-12-45
v. 5-17-39
I X47070

State File No.

FILED APR 14 1947

Primary Registration District No. 1002

Registrar's No. 1511

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 178 DAYS
In this community... 22 YRS.
(Specify whether 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. 1522 LYDIA
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME STELLA HAMILTON EDWARDS

3. (b) If veteran, name war... No

3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28, year 1947 hour 6: minute 00 P. M.

21. I hereby certify that I attended the deceased from OCTOBER 1, 1946 to MARCH 28, 1947

that I last saw HER alive on MARCH 28, 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE 3

5. Color or race NEGRO

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

6. (b) Name of husband or wife... Charles Edwards

6. (c) Age of husband or wife if alive... 54 years

7. Birth date of deceased... JULY 8, 1880
(Month) (Day) (Year)

Immediate cause of death... BRONCHO-PNEUMONIA

Duration

8. AGE:	Years	Months	Days	If less than one day
	66	8	20	hr. min.

Due to

Due to

Other conditions... EMACIATION
(Include pregnancy within 3 months of death)

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

10. Usual occupation... HOUSEMAID

11. Industry or business

12. Name... UNKNOWN

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

14. Maiden name... MOLLE BRIGGS

15. Birthplace... COLUMBIA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant... CHARLES EDWARDS (FATHER)

(b) Address... 1522 LYDIA

17. (a) Burial (b) Date thereof... 4/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Lincoln Cemetery

18. (a) Signature of funeral director... *Walter Bess*

(b) Address... 1739 Lydia Avenue

19. (a) 4-1-47 (b) *Alma Holme*
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations

Of autopsy... SAME AS ABOVE

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 (Specify type of place) (c) Means of injury

23. Signature... *Frank Ellis* (M.D. or other) M.D.

Address... GENERAL HOSPITAL NO. 2 Date signed 3/28/47

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..... *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.