

FILED MAR 25 1947

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs. 4 mos. 4 days
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gascon
(c) City or town Webb City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME POA-IRENE-EDGE

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

4. Sex Female 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 alive _____ years

7. Birth date of deceased Oct-29-1918
(Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Webb City - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Samuel H. Edge

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

14. Maiden name Julia Rank

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

16. (a) Informant Records - Mo. State School

(b) Address Marshall - Mo.

17. (a) Buried (b) Date thereof 1-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall - Mo

19. (a) 2-19-47 (b) Edw. J. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1947 hour 9 P.M. minute 40 M.

21. I hereby certify that I attended the deceased from _____ 1944 to Jan 12 1947
that I last saw her alive on Jan 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs Duration 24 mo.

Due to _____

Due to _____

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

Major findings: Of operations 12/13 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature P. O. Keeley (M. D. or other) _____

Address Marshall - Mo Date signed 1-12-47

1
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-47

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

Harry Hershberger

Licensed Embalmer No.

4357

P. O. Address

Marshall 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.