

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13750
 Registrar's No. 132

FILED MAY 14 1947
126

Registration District No. _____
 Primary Registration District No. 3026

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

48
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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Day's
(Specify whether years, months or days)

In this community 14 Day's

3. (a) PRINT RICHARD CARL EDWARDS
 FULL NAME

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 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 April 14, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Lloyd Edwards

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

14. Maiden name Elizabeth White

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

16. (a) Informant Lloyd Edwards

(b) Address 11603 Felton, Sugar Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 4-29-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Sugar Creek 2
(If outside city or town limits, write "RURAL")

(d) Street No. 11603 Felton 0
(If rural, give location)

(e) Citizen of foreign country? No 1
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 th. year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease
Failure of Rotation of Arch of Aorta.

Due to _____

Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: See Above

Of operations _____

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)

23. Signature A.E. Usher M.B.
2800 Main 4/29/47
(M.D. or other) (Date)

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.....

Harlan H. Meyer, Registered Apprentice No. *506*,
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. *4308*.....

P. O. Address *Independence, 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.