

No. 2
12-45
5-17-39
I X47070

FILED APR 23 1947

State File No. _____
Registrar's No. 6071

Registration District No. 282

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon *rural*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 days
(Specify whether years, months or days)

In this community 67 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway *14*

(c) City or town Hatton
(If outside city or town limits, write "RURAL") *0*

(d) Street No. _____ (If rural, give location) */*

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harvey Frank Edwards

3. (b) If veteran, name war Yes-War 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mable Holman Edwards

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 2 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Unknown (Deceased)

12. Name Unknown

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

14. Maiden name Lucy Robinson

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Funeral (b) Date thereof Apr 13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico mo

18. (a) Signature of funeral director Arnold Fern

(b) Address Mexico mo

19. (a) 4/13/47 (b) DR Philbert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1947 hour 10 minute 00 p.m.

21. I hereby certify that I attended the deceased from February
5 1947, to April 12 1947;
that I last saw him alive on April 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis over 6 months

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

13 B

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? _____

23. Signature P. D. Brasher M.D.
While at work _____ (Specify type of place) (e) D. or other) _____
(c) Means of injury _____

Address Mo. State San, Mount Vernon Date signed 4-12-47

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

MOTHER FATHER

RECEIVED

AUG 19 1947

District Health Officer No. 6,

District File Number 447-485

Date Filed APR 22 1947

MAY 14 1947

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Ma. Vernon

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.