

S. No. 2
M-2-43
7-5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18322**
Registrar's No. **34**

Registration District No. _____ Primary Registration District No. **5917**

1. PLACE OF DEATH:
(a) County **Perry**
(b) City or town **St. Marys Twp.**
(c) Name of hospital or institution: **Yount**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **1** in hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Offie Evelyn Edmond**
3. (b) If veteran _____ name war _____
3. (c) Social Security No. **None**

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Oruben Edmond** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **May 17, 1885**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Perry County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **John Kennon**
13. Birthplace **Perry County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Elden**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oruben Edmond**
(b) Address **Yount Mo.**

17. (a) **Burial** (b) Date thereof **5-24-47**
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation **Whiteoak Christian Ch.**

18. (a) Signature of funeral director **Wes. General Home**
(b) Address **Perryville Mo.**

19. (a) **5-23-1947** (b) **John J. Zellner**
(Date received local registrar) (Registrar's signature) **JSD**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Perry**
(c) City or town **Yount**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **21st**
year **1947** hour **12:01** minute **P.M.**
21. I hereby certify that I attended the deceased from **May 18 1947**
19____ to **May 21** 19____
that I last saw her **ER** alive on **May 21** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Paralysis**
Due to **Myasthenia Gravis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **156 B**
Of autopsy _____

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 _____
23. Signature **Wes. Bailey** (M. D. or other) _____
Address **Perryville Mo.** Date signed **5/22/47**

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

RECEIVED

Sanitary Health Officer No. 4

Sanitary File Number 647-810

Filed 6-11-47

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 Le Roy Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville 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.