DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26479

Registration District No. 338 Primary Registration District No. 6148 Registrar's No.

1. PLACE OF DEATH:
(a) County Staddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bloomfield Mo Rt #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Mast of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Staddard 103
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Bloomfield Rt # 2 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Edwards
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M C
5. Color or race White
6. (a) Single, widowed, married, divorced ✓ 9
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan. (Month) 6 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
93	6	24	hr. min.

9. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name ✓ Edwards 9
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Rhoda Harper
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ben Hopkins
(b) Address Bloomfield Rt 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Cemetery
18. (a) Signature of funeral director E. L. Watkins
(b) Address Dexter Mo
19. (a) 8-8-47 (Date received local registrar) (b) Rose Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 29, 1947, to July 29, 1947;
that I last saw him alive on July 29, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left ventricular failure	
Due to Lobar pneumonia	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? (e) Means of injury 2
23. Signature Gordon C Hemphill (M.D. or other) D.O.
Address Bloomfield, Mo. Date signed 7/31/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1947-1063
Date Filed 8-11-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address: Hector Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.