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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27262

Registration District No. 108 Primary Registration District No. 4179 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About four years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Senath 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cynthia Ann. Edwards
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced maried /
6. (b) Name of husband or wife Wm Harvey Edwards
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 8 (Month) 22 (Day) 1880 (Year)

8. AGE: Years 66 Months 11 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Georgia / (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name William Charley. Hale
13. Birthplace un known (City, town, or county) Georgia / (State or foreign country)
MOTHER
14. Maiden name Lucy Luster
15. Birthplace un known (City, town, or county) Georgia / (State or foreign country)
16. (a) Informant Pauline Grass
(b) Address Cardwell Mo
17. (a) Burial (Burial, cremation, or removal). (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Flat. Miss
18. (a) Signature of funeral director Lentz Funeral Home
(b) Address Kennett. Mo
19. (a) Aug 14-1947 (Date received local registrar) (b) Mrs. J. H. Lanier (Registrar's signature) 91

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 1947 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Aug. 13, 1947, to , 19
that I last saw her alive on Aug 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion -
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

23. Signature George E. Dunmire (M. D. or other) M D
Address Kennett Mo Date signed 8/14/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 841-108
Date Filed 8-12-41

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.