

S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1061  
Registrar's No. 373

FILED FEB 7 1948  
Registration District No. 19489

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1742 CRYSTAL AVENUE /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 50 YEARS  
years, months or days)

3. (a) PRINT FULL NAME MR. GEORGE EDWIN  
3. (b) If veteran, name war No  
3. (c) Social Security No. 495-05-1825

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. DOROTHY A. EDWIN 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased NOVEMBER-10-1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 75 1/2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace INDIANAPOLIS INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 4 YEARS

11. Industry or business BARBER

MOTHER FATHER

12. Name UNKNOWN EDWIN

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

14. Maiden name UNKNOWN SHELDON

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

16. (a) Informant Dorothy M. Edwin

(b) Address 1742 Crystal Ave

17. (a) CREMATION (b) Date thereof JAN-27-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-27-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1742 CRYSTAL AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 26<sup>TH</sup>  
year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 14-1948  
to Jan 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Perotinitis Duration 6 hr

Due to Perforated Duodenal ulcer

Due to Intestinal "Flu"

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 176

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? 2

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. Arthur Dickrell or other DD

Address 5959 East 13th, K.C. Mo Date signed 1-26-48

5959 East 13th Street  
11-3

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**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 Bernard L. Moran  
Licensed Embalmer No. 4250  
P. O. Address MC 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.**