

FILED FEB 11 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5572

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community 32 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 708 E. Kansas 4  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. SAMUEL RUSSELL EDMONDSON

3. (b) If veteran, name war None

3. (c) Social Security No. 496-09-4495

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1948 hour 10:50 minute AM

21: I hereby certify that I attended the deceased from 7:30 to 11:45 1948, to 17 Jan 48 that I last saw him alive on 17 Jan 48 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Goldie Edmondson 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. 24, 1884  
(Month) (Day) (Year)

Circumstances of previous death

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

63 11 23 hr. min.

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

9. Birthplace unknown, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Boilermaker

Major findings: Biliary obstruction

Of operations \_\_\_\_\_

Of autopsy H&H

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Vincent Edmondson

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

14. Maiden name Sarah Johnson

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

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? \_\_\_\_\_

place? \_\_\_\_\_ (Specify type of place)

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

16. (a) Informant Mrs. Goldie Edmondson  
(b) Address 708 E. Kansas, Independence, Mo.

17. (a) burial (b) Date thereof 1/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence, Mo.

19. (a) 1-28-48 (b) Donald C. Garndt  
(Date received local registrar) (Registrar's signature)

W. E. Richards, M.D.  
Independence, Mo.

20 Jan 48

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

MOTHER FATHER

APR 6 1948

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 R. A. Lisle  
Licensed Embalmer No. 4/23  
P. O. Address Independence, 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.