

FILED MAR 8 1948

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay *Gallatin Twp.*
(b) City or town Greenhaven Anex North K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Daughters Home Greenhaven Anex
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Greenhaven Annex North K.C.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME

Rosa Lee Edwards

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Edwards
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Dec. 30 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>21</u>	<u>XX</u> hr. <u>XX</u> min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Joseph Hughes

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

14. Maiden name Margret Miller

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

16. (a) Informant V.H. Edwards

(b) Address 906 Grand Kansas City Mo.

17. (a) Removal (b) Date thereof Feb. 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Missouri

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address North Kansas City Mo.

19. (a) Feb 28 1948 (b) Beulah Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1948 hour 03 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 19
1948 to Feb 21 1948
that I last saw her alive on Feb 21
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchitis
hemia
Due to Psychic 4 yrs duration
due to bereavement
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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)
(c) Means of injury _____

23. Signature Wm. P. ... (M. D. or other)
Address 2025 ... Date signed 2-23-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-6-48

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

Theron O. Smith

Licensed Embalmer No.

3928

P. O. Address

Nath. Lassac City

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.