No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4507

Registrar's No. 121

1. PLACE OF DEATH:

GREEN

(a) County
(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHN'S HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)
In this community 20 DAYS

2. USUAL RESIDENCE OF DEACESED:

(a) State INDIANA (b) County VIGO
(c) City or town TERRE HAUTE (If outside city or town limits, write "RURAL")
(d) Street No. 736 E. PROSPECT (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDITH JANE EDMONDS

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH EDMONDS

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased OCTOBER (Month) 31 (Day) 1892 (Year)

8. AGE: Years 55 Months 3 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace LUTIE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOSEPH PERCOCK
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name FLORENCE MERRETT
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant JOSEPH EDMONDS
(b) Address 736 E. PROSPECT, TERRE HAUTE, IND.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation LUTIE, MISSOURI

18. (a) Signature of funeral director FRED C. THIEME
(b) Address SPRINGFIELD, MISSOURI

19. (a) 2-8-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 6TH year 1948 hour 2:05 minute A.M.

21. I hereby certify that I attended the deceased from Jan 22, 1948, to Feb 6th, 1948; that I last saw her alive on Feb 5th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of Lever — Duration 6 Mo.

Due to Metastasis from Carcinoma of Breast — Duration 2 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 50
Of autopsy D

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 O

23. Signature [illegible] (M. D. or other) MD
Address [illegible] Mo. Date signed 2-6-48

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missou

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.