

No. 2
1/47
17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 6 1948
Registration District No. **383**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **5655**

State File No. **9269**
Registrar's No. **33**

1. PLACE OF DEATH:
(a) County: **Lawrence**
(b) City or town: **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **15 days**
(Specify whether years, months or days) **15 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **Jackson**
(c) City or town: **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Route # 5**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: **Madelon Lavaughn Edelman**
3. (b) If veteran, name war: **no**
3. (c) Social Security No.: **unknown**

4. Sex: **Female** 5. Color or race: **white**
6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Ben Edelman**
6. (c) Age of husband or wife if alive: **38** years
7. Birth date of deceased: **June 12 1915**
(Month) (Day) (Year)

8. AGE: Years: **32** Months: **8** Days: **9**
If less than one day: .hr. min.

9. Birthplace: **Raytown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business:

12. Name: **Karl Wright**

13. Birthplace: **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ernie Lewis**

15. Birthplace: **Raytown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Ethel McMichael, Record Clerk**
(b) Address: **Mo. State San., Mount Vernon, Mo.**

17. (a) **Removal** (b) Date thereof: **2-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **K.C. Mo**

18. (a) Signature of funeral director: **H.D. Jissell**
(b) Address: **mt Vernon Mo**

19. (a) **2/25/48** (b) **D. Philbrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: **February** day: **21**
year: **1948** hour: **11** minute: **33 p. M.**
21. I hereby certify that I attended the deceased from: **February 7**, 19**48** to **February 21**, 19**48**
that I last saw her alive on **February 21**, 19**48**
and that death occurred on the date and hour stated above.
Immediate cause of death: **Heart failure**

Due to: **pericarditis**

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: **90B**

Of autops:

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)
(e) Means of injury: **0**

23. Signature: **Roy W. Jickman** (M. D. or other)
Address: **Mo. State San, Mount Vernon, Mo.** Date signed: **2-22-48**

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

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4
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Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 348-351

Date Filed MAR 31 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.....

By me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Max H. Jossitt

Licensed Embalmer No. 4252

P. O. Address McLanahan St

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.