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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22818

FILED AUG 6 1948

Registration District No. 22 8

Primary Registration District No. 5-465-2000

Registrar's No. 606

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: O'Reilly VA Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)

In this community 11 Days

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Newton 73

(c) City or town: Stella 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: John L. Edmondson

3. (b) If veteran, name war: Wourld War I

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Elizabeth Edmondson

6. (c) Age of husband or wife if alive: X 59 years

7. Birth date of deceased: November 1, 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Stella (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Physician

11. Industry or business:

FATHER 12. Name: unknown G

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

MOTHER 14. Maiden name: unknown

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

16. (a) Informant: VA Records

(b) Address: Spfd Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Stella Mo

18. (a) Signature of funeral director: Wm Morris Rogue

(b) Address: Wheaton Mo.

19. (a) 7-28-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 12, 1948, to July 22, 1948, that I last saw him alive on July 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary fibrosis, severe, bilateral, cause to be determined. — Duration

Due to

Due to

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

cardiac hypertrophy.

Major findings:

Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: PAUL L. EISELE (M. D. or other) XXX

Address: O'Reilly VA Hospital Date signed 7-22-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1949

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 Wm Morris Rogue

Licensed Embalmer No. 3442

P. O. Address Wheelaw, 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.