

FILED NOV 16 1948 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4403

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:  
20 W. 36th ST. APT. # 208 /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO  
(Specify whether)

In this community 1 WEEK  
years, months or days

3: (a) PRINT FULL NAME MR. HAROLD E. EDWARDS

3. (b) If veteran, name war W.W.# 1

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MRS. PAMALA S. EDWARDS

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

7. Birth date of deceased JUNE 14 1899  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation NEWS STAND MANAGER

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

12. Name EDWIN D. EDWARDS

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

14. Maiden name SADY PAGE  
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. PAMALA S. EDWARDS

(b) Address 20 W. 36th ST.

17. (a) BURIAL (b) Date thereof 10-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK, K.C.KS.

18. (a) Signature of funeral director STINE & McCLURE

(b) Address KANSAS CITY, MO.

19. (a) 10-29-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 20 W. 36th ST.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 28  
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 28  
1948 to Oct. 28 1948;  
that I last saw him alive on October 28 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis. Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury Geo. C. Lee

23. Signature George C. Lee (M. D. or other) M.D.

Address 1103 Grand Ave., K. C. Mo. Date signed 10-28-48

10-27-13  
2013

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**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. E. Md

**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.**