S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED: DEC 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41061

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 123

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: II22 Iowa St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike
(c) City or town Louisiana, (If outside city or town limits, write "RURAL")
(d) Street No. II22 Iowa St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Ivie 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 Married
6. (b) Name of husband or wife Elmer Edwards
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November I, I874 (Month) (Day) (Year)

8. AGE: Years 74 Months I Days I3 If less than one day hr. min.

9. Birthplace Pike County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Thomas Moore
13. Birthplace Hancox Co. West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary F. Sutton
15. Birthplace Bowling Green, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Elmer Edwards
(b) Address II22 Iowa St., Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director George O. Wagner
(b) Address 2I7 N. Main St. Louisiana, Mo
19. (a) 12-16-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 3711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day I4 year I948 hour II minute 30 A. M.
21. I hereby certify that I attended the deceased from ..., 19 47 to 12/14/ 19 48; that I last saw her alive on 12/14/48 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Occlusion	3-4 hrs
Due to Hypertensive Cardio-vascular Disease	yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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 Chas H Lumeller (M. D. [redacted])
Address Louisiana, Mo. Date signed 12-15-48

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1949

RECEIVED
District Health Officer No. 10
District File Number 12-48-2191
Date Filed DEC 22 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, [illegible]

[illegible], [illegible],

[illegible]

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.