

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37233**
4864

FILED DEC 3 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			d. STREET ADDRESS (If rural, give location) 912 Vine Street		

3. NAME OF DECEASED (Type or Print) NANCY		a. (First)	b. (Middle)	c. (Last) EDWARDS	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 13 1949
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5. SEX FEMALE-3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) ABOUT 51	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NOT KNOWN	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME SARAH GREEN		14. NAME OF HUSBAND OR WIFE SILAS EDWARDS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SON: EDDIE HURMONS 912 Vine Street	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA			ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) CEREBRAL VASCULAR ACCIDENT					
			DUE TO (c) ARTERIOSCLEROTIC TYPE HEART DISEASE					
II. OTHER SIGNIFICANT CONDITIONS			GENERALIZED ARTERIOSCLEROSIS					
Conditions contributing to the death but not related to the disease or condition causing death.			HYPERTROPHIC ARTHRITIS			4200		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-21, 1949, to 11-13, 1949, that I last saw the deceased alive on 11-13, 1949, and that death occurred at 9:25P m., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Ellis (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/17/49	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 11-16-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. 1729 Lydia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

E. Sterling Bell

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine K.C.*

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.