

STANDARD CERTIFICATE OF DEATH

State File No. **24426**

No. 300
10-48

BIRTH NO. **41952** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3118**

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 10 yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 2539 HOLMES 3438	
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3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) EDWARDS c. (Last) EDWARDS			4. DATE OF DEATH (Month) (Day) (Year) 7-6-52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 5	8. DATE OF BIRTH 1898 Jan 7, 1898	9. AGE (in years last birthday) 54 If under 1 year: Months Days If under 10 hours: Hours Min.	
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 (City and State or Foreign Country) Unknown 9	

13a. FATHER'S NAME LYMAN ELDRIDGE	13b. MOTHER'S MAIDEN NAME HATTIE FULKERSON	14. NAME OF HUSBAND OR WIFE THOMAS EDWARDS
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. None	17. INFORMANT'S SIGNATURE OR NAME Decatur, Geo. MRS DOROTHY J. HORTON-3499 Candleon.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postling Fourth Branch Coronary Occlusion ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Analysis negative to any poison DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4201
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer M.D. (Type or Print) Geo C Kealhofer and Deputy Coroner 3	23b. ADDRESS 4050 Broadway Xcws	23c. DATE SIGNED 7-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-12-52	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MC CLURE KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 7-9-52	REGISTRAR'S SIGNATURE Geraldine Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

J. D. Walton

Licensed Embalmer No. 2744

P. O. Address K C 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 24426
Local Registrar's No. 3118

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of September, 1953 before me appears Mrs. Dorothy J. Horton, who, upon her oath, states that the original record of ~~birth~~ death for Ruth Edwards died born July 6, 1952 in the State of Missouri, and which was filed at K.C., Mo. on 7-9, 1952, should be corrected as follows:

Item No. 8 should read January 7, 1898
Instead of " " 1897

Item No. 9 should read 54
Instead of 55

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Dorothy J. Horton daughter
Relationship. 2539 Holmes St. K.C., Mo.
Present Address.

Subscribed and sworn to before me this 2nd day of September, 1952

My Commission expires Oct 21, 1955 Lois M. Ruppel Notary Public.

1952

S-24426