

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18892**  
**2705**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1007** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>42 WARNER PLAZA 3498</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3501 GILLHAM ROAD VINEYARD PARK HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>MARTHA AGNES EDWARDS</b>	a. (First) <b>MARTHA</b>	b. (Middle) <b>AGNES</b>	c. (Last) <b>EDWARDS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 15, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>JUNE 11, 1879</b>	9. AGE (In years last birthday) Months Days <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NEAR MONTICELLO, FLORIDA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>William Allen Edwards</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>260-32-7673 NO. 495-24-3841</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mildred Williams</b>	ADDRESS <b>42 Warner Plaza, K.C. Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General carcinoma tons</b>		<b>6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Cervix</b>		<b>1 yr.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>171x</b>	

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 **13 June, 1954**, to **15 June, 1954**, that I last saw the deceased alive on **15 June, 1954**, and that death occurred at **2:55 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Sheldon</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2501 Gillham Rd.</b>	23c. DATE SIGNED <b>16 June 1954</b>
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24a. BURIAL REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JUNE 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hill Crest Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Savannah, Georgia</b>
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DATE REC'D BY LOCAL REG. <b>6-16-54</b>	REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer</b>	ADDRESS <b>331 Broadway Kansas City, Missouri</b>
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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.....  
Signature of Student Embalmer

Signed.....  
*Hollis Kessel*

Licensed Embalmer No. *46*

P. O. Address *K.C.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.