

FILED AUG 2 1945

Primary Registration District No. 5041

Registrar's No.

35

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville "rural" Flat Cre.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(d) State Mo. (b) County Barry 5

(c) City or town Cassville, Fla Creek "Twn."  
(If outside city or town limits, write "RURAL")

(d) Street No. /  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Cleveland Edmondson

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Martha A. Edmondson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15 1852  
(Month) (Day) (Year)

8. AGE: Years 93 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Lewis Edmondson

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

14. Maiden name Frances Rodgers

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

16. (a) Informant Mr. Chris Edmondson  
(b) Address Cassville, Mo.

17. (a) burial (b) Date thereof 6/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville Mo. Cem.

18. (a) Signature of funeral director W. H. Moon

(b) Address Cassville, Mo.

19. (a) June 15 1945 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 1945 year. hour minute M.

21. I hereby certify that I attended the deceased from May 29, 1945, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on June 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3-4 days

Due to Chronic nephritis unk.

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

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

Major findings: Of operations 131K

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Beau Newman (M.D. or other) Cassville, Mo. Date signed 6-5-45

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

RECEIVED

District Health Officer No. 6;

District File Number 745-836.

Date Filed JUL 31 1945

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.....



Licensed Embalmer No. 3453

P. O. Address Cassville, 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.