

FILED SEP 1 1945

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 weeks
(Specify whether)

In this community 12 weeks
years, months or days

3. (a) PRINT FULL NAME MRS. VIRGINIA J. EDWARDS.

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Fem / 5. Color or race Wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Solon Edwards

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 10/29/1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 9 12 hr. min.

9. Birthplace Napton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John T. Horner

13. Birthplace New Frankfort Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Bettie B. Smith

15. Birthplace Nelson, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant R. S. Edwards

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 8/14/1905
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge P. Cemetery

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 8-13-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 703 No Allen 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1945 hour 3 minute 08 P.M.

21. I hereby certify that I attended the deceased from May 19 1945 to Aug 11 1945
that I last saw him alive on Aug 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration 5 min.
Meningioma of
Due to Brain (Recurrent) 13 years.
Due to

Other conditions 5 to 2
(Include pregnancy within 3 months of death)

Major findings: As above PHYSICIAN
Of operations As above
Of autopsy As above
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 H.K.B. Allibail (M. D. or _____)
Address 2300 Holmes, K.C., Mo. Date signed 8-14-45

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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 John P. Sheel
Licensed Embalmer No. 3625
P. O. Address K 6 40

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.