

FILED FEB 17 1947

Registration District No. 172

Primary Registration District No. 1000

Registrar's No. 185

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

1. PLACE OF DEATH

(a) County Beechman

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

(c) Name of hospital or institution: on way to Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 2 (Specify whether years, months or days)

In this community 10 yrs. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Beechman

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3121 North 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME BYRON EDWARDS

3. (b) If veteran, name war WW

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th year 1947 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 2-3, 1947, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Nolan

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 8 1890
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

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

56 8 26 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Employee - U.S.

11. Industry or business Engineer (Burr Work)

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Wesley Edwards

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

14. Maiden name Ira Shumwell

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

16. (a) Informant Helen Edwards

(b) Address 3121 No. 9th

17. (a) Burial (b) Date thereof Feb. 8, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

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? _____

18. (a) Signature of funeral director Alvin Funeral Home

(b) Address St. Joseph

19. (a) 2-11-47 (b) W. L. Jenkins
(Date received local registrar) (Registrar Signature)

While at work? _____ (Specify type of place)

(c) Means of injury 3

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address Spring Hill Bldg Date signed 2/5/47

1907 F 1122

MAR 3 1947

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.....

Charles M. Harman Registered Apprentice No. *450*

working under my personal supervision.

Signed *John A. Hurley*

Licensed Embalmer No. *4056*

P. O. Address *H. Joseph 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.