

AUG FEB 12 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3656  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve Registration District No. 934  
(b) Township Union Primary Registration District No. 602b  
(c) City or City (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Erasmus W. Edwards 363  
(a) Residence, No. Farrington, Mo. R. #2 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samantha Jane Dow Edwards</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19, 1847</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>3</u>
		DAYS <u>3</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>St. Genevieve Co., Mo.</u>		
FATHER	13. NAME <u>Jesse J. Edwards</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Priscilla Straghan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Wm. A. Hestings</u> (ADDRESS) <u>R#2 Farrington, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salon Cemetery</u> DATE <u>1-24</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>Maierk Huel Co.</u> (ADDRESS) <u>Farrington, Mo.</u>		
20. FILED <u>Jan 25</u> , 19 <u>40</u> <u>Joe Joseph &amp; Son</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1940, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on Jan 19, 1940. Death is said to have occurred on the date stated above, at 8:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Senility  
General Arteriosclerosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 97

Name of operation Chloroform Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Raphaery, M. D.  
850 (Address) Farrington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**