

FILED NOV 11 1942

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 52

52  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Knox  
 (a) County Knox  
 (b) City or town Edina  
 (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 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Knox  
 (c) City or town Edina  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location)  
 (e) Citizen of foreign country? .... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Arzella Belle Roseberry  
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 8th  
 year 1942 hour 8 minute 17 A.M.  
 21. I hereby certify that I attended the deceased from Sept, 1939, to Oct 8, 1942  
 that I last saw her alive on Oct 8, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Jan. 16 - 1867  
 (Month) (Day) (Year)

Immediate cause of death Central Hemorrhage  
 Due to arterial sclerosis 2 day  
39 years

8. AGE: Years 75 Months 8 Days 22 If less than one day hr. min.

Due to arterial sclerosis 39 years  
 Other conditions §3a  
 (Include pregnancy within 3 months of death)

9. Birthplace Coatsbury, Ill (City, town, or county) (State or foreign country?)  
 10. Usual occupation Teacher  
 11. Industry or business Teacher  
 12. Name Joel Erverson  
 13. Birthplace Ill (City, town, or county) (State or foreign country?)  
 14. Maiden name Arzella Harmon  
 15. Birthplace Ill (City, town, or county) (State or foreign country?)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations §3a  
 Of autopsy

16. (a) Informant Mrs. Quinn Jones  
 (b) Address Edina, Mo  
 17. (a) Burial (b) Date thereof Oct 10 1942  
 (Burial, cremation, or other) (Month) (Day) (Year)  
 (c) Place: burial or cremation Princeton, Mo  
 18. (a) Signature of funeral director Wm. A. Corda, Sr.  
 (b) Address Wm. A. Corda, Sr.  
 19. (a) Oct 9 1942 (b) Nelle Northcutt  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) §3a  
 (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 §3a  
 23. Signature P. J. Brinkley (M. D. or other) DO  
 Address Edina, Mo Date signed 10/8/42

RECEIVED

District Health Officer No. 10

District File Number 11-42-200 21

Date Filed NOV 9 1942

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 Geo W Baskett

Licensed Embalmer No. 1817

P. O. Address Wynona, Md

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.