

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution: 300 High Street
(d) Length of stay: In hospital or institution 3 years
In this community 3 years

3. (a) PRINT FULL NAME Mrs. Edna Eurman Arnold

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

4. Sex Fe 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H. L. Arnold 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased October 8 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 16 .hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name William Bradley
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Donise Arnold
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) May 11, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(d) Street No. 300 High St.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1942 hour 11:45 a m minute. M.

21. I hereby certify that I attended the deceased from Jan 1
1942 to April 24 1942
that I last saw her alive on April 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cardiac Decompensation 4 mos

Due to Chronic Myocarditis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy

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?

23. Signature Ray Jordan (M. D. or other) 925-42
Address Windsor, Mo. Date signed

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

42
2
0

RECEIVED

District Health Officer No. 7,

District File Number 6-42-581

Date Filed 6-8-42

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.....

Edwell Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.