

No. 2
-5-42
5-17-39
X32873

State File No.

Registrar's No. 126

FILED JUL 8 1946
Registration District No. 137

Primary Registration District No. 4216

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
His Home 1
(If not in hospital or institution, write street number or location)

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

In this community 46 yrs 6 mos 18 days
years, months or days

3. (a) PRINT FULL NAME Arthur Edwards

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 3 1899
(Month) (Day) (Year)

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

46 6 18 hr. min.

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Michael Edwards

13. Birthplace Rochester N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Minish

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

16. (a) Informant J.W. Edwards

(b) Address Calhoun Mo.

17. (a) Burial (b) Date thereof 6-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director Albansey

(b) Address Calhoun Mo

19. (a) 6-26-46 (b) R.P. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 3 minute 20 a.m.

21. I hereby certify that I attended the deceased from 6-20
1946 to 6-20 1946
that I last saw him alive on 6-20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation Duration 2 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) nd

Major findings: Of operations AS

Of autopsy _____

PHYSICIAN

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 Ray B Jordan (M. D. or other)

Address Winchester Mo Date signed 6-24-46

RECEIVED

District Health Officer No. 71

District File Number 6-46-65B

Date Filed 7-3-46

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 *myself*

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. H. Housey
.....
Licensed Embalmer No. 3502

P. O. Address *Calhoun Geo*

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.