

No. 2  
12-45  
17-39  
X47070

State File No. 11676  
Registrar's No. 12

FILED MAY 10 1948

Registration District No. 44

Primary Registration District No. 5753-

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town New York Twp. Rural.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)

In this community 72 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rose Alice Edwards

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Aaron B. Edwards

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

7. Birth date of deceased January 31, 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>19</u>	<u>XX</u> hr. <u>XX</u> min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Greenberry Hill

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

14. Maiden name Emeline Teagarden

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Naoma and Elizabeth Edwards

(b) Address Hamilton, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April 22, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem. N. Y. Twp.

18. (a) Signature of funeral director Bram Wmneral Home

(b) Address Hamilton, Mo.

19. (a) Apr. 30, 1948 (Date received local registrar)

(b) Mrs. Nell B. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town New York Twp. Rural.  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 7  
12 1948 to April 20 1948;  
that I last saw her alive on April, 20 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia. Duration 2 days

Due to Cerebral Thrombosis. 3 mo.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations B B

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? Twp.

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury 0

23. Signature Herbert R. Birch (M. D. or other) M.D.

Address Hamilton mo. Date signed 4/22/48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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

*Morris A. Bram*

Licensed Embalmer No. 3918

P. O. Address..... Hamilton, 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.