

CERTIFICATE OF DEATH

Local No. 449

Registered No. 38111

1. PLACE OF DEATH:

County Randolph
City or town Ridgeville Ind.
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Indiana County Randolph
City or town Ridgeville Ind.
Street No. 105 E. First St.
(If rural give LOCATION)

3. (a) FULL NAME

Mary Alice Edwards

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1944, at PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1924 to Nov 30? 1944 and that I last saw her alive on Nov 30? 1944
Immediate cause of death
Cerebral
hemorrhage
Due to 48
Other conditions
Major findings: (include pregnancy within 3 months of death)
Of operations
Of autopsy
PHYSICIAN
Please underline the cause to which death should be charged statistically.

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

6. (b) Name of husband or wife Charles D. Edwards

7. Birth date of deceased (mo., day, yr.) Oct 4 1867

8. AGE: Years 77 Months 2 Days 23 hrs. min.

9. Birthplace Randolph Co. Indiana
(Town, county and state)

10. Usual occupation Housekeeper

11. Industry or business None

12. Name Eli Caduplady

13. Birthplace Randolph Co. Ind.

14. Maiden name Harriet Knipshorn

15. Birthplace Columbia, Mo.

16. Informant Mrs. Edwards

Address Ridgeville Ind.

17. Date thereof 12-20-44
(Burial, cremation, or removal. Which?) (month, day) (year)

Cemetery or crematory St. Joseph's Cemetery

Location 5th St. S.E. Indianapolis

Funeral director Wm. J. Miller

Address Ridgeville Ind.

23. SIGNATURE P. H. Engley M.D. M. D. or other
Address Ridgeville Ind. State signed Ind.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED

EMBALMERS NAME Wm. J. Miller LICENSE NO. 176
FUNERAL DIRECTORS LICENSE NO. 817

Given in every instance.