

1890 APR 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11179  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. 1820 Indiana St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Son of Mr. & Mrs. CHARLES F. ALDRIDGE

(a) Residence, No. 1820 Indiana St. Indiana (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31, 1939</u>                                    |  |  |
| 7. AGE   | YEARS<br><u>0</u>  | MONTHS<br><u>0</u>   |
|  | DAYS<br><u>0</u>   | If LESS than 1 day, _____ hrs. or _____ min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u> |  |
|  | 9. Industry or business in which work was done, as saw mill, bank, etc.                        |  |
|  | 10. Date deceased last worked at this occupation (month and year)                              |  |
|  | 11. Total time (years) spent in this occupation  |  |
| FATHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Missouri</u>                        |  |
|  | 13. NAME <u>Charles F. Aldridge</u>  |  |
| MOTHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Kansas</u>                          |  |
|  | 15. MAIDEN NAME <u>Mabel Aggus</u>   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Missouri</u>                        |  |
| 17. INFORMANT (ADDRESS) <u>Charles F. Aldridge Joplin, Mo.</u>                                   |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>4-1-1939</u>                |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lanpher Mortuary Joplin, Mo.</u>                        |  |  |
| 20. FILED <u>4-3-1939</u> <u>Edw. J. Jones</u> Local Registrar.                                  |  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939 March 10, 1939

I last saw h. Stillborn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:  
Stillborn  
Cause unknown

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) U. E. Kerner, M. D.  
(Address) 311 Second Bank

RECEIVED

District Health Officer No. 6,

District File Number 6-39-874

Date Filed APR 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>prepared</sup> ~~embalmed~~ by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address Joplin, 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, above space should be left blank.