S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25048

State File No. 8

Registration District No. 254 Primary Registration District No. 4154 5355 Registrar's No.

1. PLACE OF DEATH:

(a) County DAVIESS Benton Twp

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

(c) Name of hospital or institution:
1 MILE EAST OF PATTONSBURG MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community LIFE 121

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAVIESS

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

(d) Street No. 1 MILE EAST OF PATTONSBURG
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ESSIE AULDRIDGE

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or ~~wife~~ JAMES S. AULDRIDGE

6. (c) Age of husband or ~~wife~~ if alive 59 years

7. Birth date of deceased NOV. 6 (Month) 1878 (Day) (Year)

8. AGE: Years 61 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business .....

FATHER
12. Name J. W. DUTRO 1
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY DEAN
15. Birthplace OHIO (City, town, or county) 1 (State or foreign country)

16. (a) Informant JAMES S. AULDRIDGE
(b) Address PATTONSBURGE MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation BETHEL CEM.

18. (a) Signature of funeral director C. M. Jones
(b) Address Gallatin Mo

19. (a) ..... (Date received local registrar) (b) Frances C Sutton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year ..... hour 5 am minute ..... M.

21. I hereby certify that I attended the deceased from June 1 - 1940 July 13, 1940, to ....., 19..., that I last saw her alive on July 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leukemia

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? 231 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Frank Hedges (M. D. or other) 1

Address Pattonsburg Date signed Jul 40

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1942

RECEIVED
District Health Officer No. 11,
District File Number 840-1098
Date Filed AUG 12 1940

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 C. M. Gomer

Licensed Embalmer No. 3453

P. O. Address Fredericktown 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.