

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **32247**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Barthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 E. Macon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Ruby Aileen Aldridge**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. **Female** 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 **primary 5 1922**
(Month) (Day) (Year)

8. AGE: Years **18** Months **8** Days **11** If less than one day hr. min.

9. Birthplace **Barthage Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **David C. Aldridge**

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

14. Maiden name **Permelia Berman**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Aldridge**

(b) Address **Barthage, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 18-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Kneel M. Ostrum**

(b) Address **Barthage Mo.**

19. (a) **Sept. 18, 1940** (b) **E. J. McEntee, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Barthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **619 E. Macon**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16** year **1940** hour **9** minute **15 A.M.**

21. I hereby certify, that I attended the deceased from **Aug 12**, 19**40** to **Sept 16**, 19**40**
that I last saw him **alive** on **Sept 15**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute yellow atrophy of liver** Duration **4 weeks**

Due to **hypertension**

Due to **embolism**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(e) While at work? (Specify type of place)

(f) Means of injury

23. Signature **E. J. McEntee** M. D. or other

Address **Barthage Mo** Date signed **9/19/40**

NOV 14 1945

40-10-435

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

Emm R. Kneel

Licensed Embalmer No.

391

P. O. Address

Worthington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.