

FILED JAN 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42951**

Registration District No. **420**

Primary Registration District No. **5574**

Registrar's No. **92**

I. PLACE OF DEATH

(a) County **Jackson**
(b) City or town **Wadsworth (Vale)**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community **25 years**
years, months or days)

8. (a) PRINT FULL NAME **ELIZA AID**

9. (b) If veteran, name war. (c) Social Security No.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Joseph L. Aid** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Jan 20 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **11** If less than one day hr. min.

9. Birthplace **Huntsville Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **E. G. Smith**

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

14. Maiden name **Lucy Eckles**

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

16. (a) Informant **Joseph Aid**

(b) Address **West Plains Mo.**

17. (a) **Burial** (b) Date thereof **Jan 2 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wadsworth Mo.**

18. (a) Signature of funeral director **Donald B. Dietrich**

(b) Address **Wadsworth Mo.**

19. (a) **1-9-40** (b) **Jeneva Duncanson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Wadsworth**
(If outside city or town limits, write "RURAL")

(d) Street No. **1 mile N.W. of Wadsworth**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Dec.** day **31**
year **1940** hour **5:00** min. **PM**

21. I hereby certify that I attended the deceased from **Dec 19th 1940** to **Dec 31st 1940**
that I last saw her alive on **Dec 31st 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Exhaustion**

Due to **Bronchial Pneumonia** **6da**

Due to **Influenza** **5da**

Other conditions **Seriously**
(Include pregnancy within 3 months of death)

Major findings: Of operations **11**

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?

381 (Specify type of place)

While at work? (e) Means of injury

23. Signature **J. A. Elders** (M. D. or other)

Address **Wadsworth Mo.** Date signed **1/2/41**

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

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.....

Francis R. Dietrich....., Registered Apprentice No. 258
working under my personal supervision.

Signed Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address See back No.

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.