No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3535

Registration District No. 603 Primary Registration District No. 4867 Registrar's No.

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Morehouse, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town Morehouse, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harry L. Aldridge
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Oct, 18, 1922 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
18	2	18	hr. min.

9. Birthplace Morehouse, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Ben Aldridge
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ida Aldridge
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Paul Saville
(b) Address Morehouse, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 29, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director 5 3 6
(b) Address Sikeston, Mo.
19. (a) Dec 21 1940 (Date received local registrar) — (b) Mrs John Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour 1:00 minute p M.

21. I hereby certify that I attended the deceased from Dec 25, 1940, to Dec 25, 1940;
that I last saw him alive on Dec 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 1 week
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy None

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

23. Signature J. P. Brandon (M. D.)
Address Lilbourn, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 141-129
Date Filed 4/29/41

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 Travis Shelly

Licensed Embalmer No. 2226

P. O. Address East Prairie Mo

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

If this body is not embalmed, fact should be so stated above.