

MAR 19 1941 796

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 N. Jefferson St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs. (Specify whether years, months or days)
In this community 25 yrs.

3. (a) PRINT FULL NAME Charles Lee Aldredge

3. (b) If veteran, X name war 487-09-7337
3. (c) Social Security No. 487-09-7337

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Ellen Aldredge 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 23, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Shoe Factory Employee

11. Industry or business

12. Name Pleasant Aldredge

13. Birthplace Don't Know / Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Taylor

15. Birthplace Don't know / Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles D. Aldredge

(b) Address Marshall

17. (a) Burial (b) Date thereof Feb. 23 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Intrepid Surgery

(b) Address Marshall

19. (a) 2-22-41 (b) Dep. (c) Intrepid Surgery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 205 N. Jefferson 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1941 hour 11:00 minute PM M.

21. I hereby certify that I attended the deceased from Feb. 1941 to Feb. 21, 1941 that I last saw him alive on Feb. 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myelogenous leukemia
Due to 3 or 4 years

Due to 14 W

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?

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

Signature Intrepid M.D. (M. D. or other) 0

Address Marshall Mo. Date signed 2-22-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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.....
Licensed Embalmer No. 32350
P. O. Address.....

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, fact should be so stated above.