

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Winkleville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: A S O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME Hosie B. II Aldridge

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1941
(Month) (Day) (Year)

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

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

10. Usual occupation Baby

11. Industry or business _____

MOTHER { 12. Name LOXA Aldridge

FATHER { 13. Birthplace Schuyler County Mo
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name VERA ANN

FATHER { 15. Birthplace Schuyler County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lora Aldridge

(b) Address Queen City Mo

17. (a) Burial (b) Date thereof Apr 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowder Cem

18. (a) Signature of funeral director Family
(b) Address Queen City Mo

19. (a) April 23/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Schuyler
(c) City or town Queen City (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1941 hour 13 minute 30 PM

21. I hereby certify that I attended the deceased from Apr 19-41
_____ 19 _____ to _____ 19 _____

that I last saw him alive on Apr 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis

Due to Prematurity

Due to _____

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

Major findings: Of operations 154

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? _____

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

23. Signature Spencer L. Freeman (M. D. or other) 12
Address Kirksville Date signed 4/23/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-911

Date Filed MAY 14 1941

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.....

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, above space should be left blank.