

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 228

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 30824399

29074268
State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Hughesville**
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Hughesville**
(If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Anna Rebecca Aldredge**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J.C. Aldredge** 6. (c) Age of husband or wife if alive **93** years
7. Birth date of deceased **Jan. 11-1852**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 **7** **19** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Robert Howe**
13. Birthplace **Unknown** (State or foreign country)
14. Maiden name **Lucretia Thompson** (State or foreign country)
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W.W. McClure**
(b) Address **9903 Olympia St. Belleville, Ill.**

17. (a) **Burial** (b) Date thereof **Sept. 1-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **High Point**

18. (a) Signature of funeral director **Gillespie Funeral Home**
(b) Address **Sedalia, Mo.**

19. (a) **9/1/41** (b) **Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30**
year **1941** hour **10** minute **30 PM**

21. I hereby certify that I attended the deceased from **Des**
1940 to **Aug 30**, 1941
that I last saw her alive on **Aug 30**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration
Semility

Due to
Due to

Other conditions **Old fractured femur**
(Include pregnancy within 5 months of death)

Major findings:
Of operations
Of autopsy
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 **M. J. Bishop** (M. D. or other)
Address **Sedalia** Date signed **9-1-41**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
9-10-41
Date Filed

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.....

Geo Dillard

Licensed Embalmer No.....

3868

P. O. Address.....

Seaholm, ne

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.

1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29074**

Registration District No. **668**

Primary Registration District No. **4399**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Hughesville**
(If outside city or town limits, write "RURAL" and name of township)
(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, years, months or days)

3. (a) PRINT FULL NAME **Anna R. Aldredge**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **F.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **18.5** years
7. Birth date of deceased **Jan 11** (Month) (Day) (Year)

8. AGE: Years **89** Months **7** Days **2** If less than one day, min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** year **1941** hour **10** minute **30** M.

21. I hereby certify that I attended the deceased from **930** to **1030**, 19...; that I saw him alive on **Aug 10**, 19...; and that death occurred on the date and hour stated above. Immediate cause of death **myocarditis** **semilethal**

Due to

Due to

Other conditions **Old fractured femur** (Include pregnancy within 3 months of death)

Major findings: Of operations **930**

Of autopsy

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) **accident**

(b) Date of occurrence **Nov 1940**

(c) Where did injury occur? **Hughesville Mo** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

at home (Specify type of place)

While at work? **yes** (e) Means of injury **fall**

23. Signature **N. J. Bishop** (M. D. or other)

Address **Sedalia Mo** Date signed **10-24-41**

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

Sedalia

