

No. 2
4-13-40
-17-39
Y 223159

Registration District No. **299**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2720 Myrtle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 5-minutes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Kansas City ⁹
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 2720 Myrtle
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years. ¹⁰

3. (a) PRINT FULL NAME Gearldine Aldridge

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December ⁸
year 1941 hour 11 minute _____ a. M.

4. Sex Female 5. Color of race white

6. (a) Single, widowed, married, divorced (M)

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec-8-1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from birth to _____, 19____, to _____, 19____;

that I last saw her alive on December 8, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 0 0 0 hr. 5 min.

Immediate cause of death atalechesis

Due to _____ 16/a

Due to _____

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Jim R. Aldridge

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

14. Maiden name Margaret Bates

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

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? _____

16. (a) Informant Jim R. Aldridge

(b) Address 2720 Myrtle

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 9-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Luther W. Dyer (M. D. or other) ²⁸⁰

Address 2105 Independence Ave ¹²⁻²⁴

18. (a) Signature of funeral director M. C. R. Foster

(b) Address 718 Broadway

19. (a) Dec 9 1941 (Date received local registrar)

(b) M. M. Crowl (Registrar's signature)

Duration

8 minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

W. H. Reese
.....
Licensed Embalmer No. 2570

P. O. Address Kansas City, Mo

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.