

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7074
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 464
 (b) Township Oak Grove Primary Registration District No. 5627 Registered No. 0
 (c) City Oak Grove (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. 0 mos. ds.

2. PRINT FULL NAME

Ethel Mae Aldridge
 (a) Residence, No. 7931 Jacob 15 C. M. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. F. Aldridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 12 - 1911
 7. AGE YEARS 31 MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oak Grove Mo
 (STATE OR COUNTRY)

13. NAME Steve Oliver

14. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Graves

16. BIRTHPLACE (CITY OR TOWN) Oak Grove Mo
 (STATE OR COUNTRY)

17. INFORMANT Mrs John Arment
 (ADDRESS) Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove Mo DATE 2-16-42

19. FUNERAL DIRECTOR (NAME) Mrs G B Webb
 (ADDRESS) Oak Grove Mo

20. FILED Feb 18 1942 Mrs W. F. Baker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 14 1942

22. I HEREBY CERTIFY, That I attended deceased from June 1941, to Feb - 14 1942

Last saw her alive on Feb 14 1942. Death is said

to have occurred on the date stated above, at 2:15 P. M.

The principal cause of death and related causes of importance were as follows:

Osteo-sarcoma
originated in this right
55
 Date of onset 1938

Other contributory causes of importance:

Metastasis in right hip July 7-1941
metast. both lungs & hip left 5-1941
metastasis in right hip 2-12-42
 Name of operation amputation right hip Date of 7-1941

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Ch. Lister M.D. M. D.

(Address) Oak Grove Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-10-42

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.