

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15151

Registrar's No. 163

Registration District No. 66-8170

Primary Registration District No. 5893

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Bowling Green Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD # 5, Sedalia, Missouri
(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 James S. Aldredge

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

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

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

7. Birth date of deceased November 10 1847
(Month) (Day) (Year)

8. AGE: Years 94 Months 5 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Sanford P. Aldredge

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

14. Maiden name Lavina Wimmer

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

16. (a) Informant Mrs. Walter McClure

(b) Address RFD 5, Sedalia, Missouri

17. (a) Burial (b) Date thereof 4/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) 4/21/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 5, Sedalia, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-19-42 to 4-19-42 that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Sub. very suddenly Doubtless from Coronary Thrombosis Duration _____

Due to _____

Due to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) ✓

(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?

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

23. Signature W. T. Bishop (M. D. or other) _____

Address Sedalia, Mo. Date signed 4-19-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-18-42

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.....

Geo. Dixon

Licensed Embalmer No. 3868

P. O. Address..... *Subalia 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.