

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27729

State File No. ....

FILED SEP 11 1942

Registration District No. ....

Primary Registration District No. 4063

Registrar's No. 34

1. PLACE OF DEATH

(a) County Jefferson  
(b) City or town Silverson  
(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community 76 yrs years, months or days)

3. (a) PRINT FULL NAME EMMA IOLA ALDRIDGE

3. (b) If veteran, name war ..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 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 Nov. 23, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 3 If less than one day  
hr. min.

9. Birthplace Pt. Pleasant, Mo. :  
(City or town, or county) (State or foreign country)

10. Usual occupation Keeping house, retired

11. Industry or business

12. Name James Garvin  
13. Birthplace Pt. Pleasant Mo. :  
(City or town, or county) (State or foreign country)  
14. Maiden name Liza Jarvis  
15. Birthplace W. Va. :  
(City or town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas L. Aldridge

(b) Address Jefferson, Mo.

17. (a) Burial (b) Date thereof 8-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director James Shelby

(b) Address East Prairie, Mo.

19. (a) Aug 15-42 (b) Mo. : (c) D. R. Parrott  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi  
(c) City or town Rural  
(If outside city or town limits, state "RURAL")  
(d) Street No. Mississippi Co. : 0  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11  
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1st 1942 to Aug 11 1942  
that I last saw her alive on Aug 11 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerosis Duration 2 yrs

Due to ..... 97  
Due to .....

Other conditions High Blood Pressure  
(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 .....

23. Signature E. E. Jones (M. D. or other) .....  
Address Lieberman, Mo. Date signed 8-15-42

(Licensed Embalmer's Statement on Reverse Side)

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

72  
2  
0

RECEIVED

District Health Office No. 2,

District File Number 942-1186

Date Filed 9-8-42

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

James E. Scott  
working under my personal supervision.

Registered Apprentice No. 316

Signed

Travis Shelby  
Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.