

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25199

FILED AUG 11 1943

Registration District No. 756

Primary Registration District No. 2001

State File No.

Registrar's No.

422

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 N. Wall St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)
In this community 7 years;

3. (a) PRINT FULL NAME Jesse W. Aldridge

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sally J. Aldridge 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 11, 1859;
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Jackson Co Mo;
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name Nathaniel B. Aldridge
13. Birthplace Lawrence Co. Alabama;
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rouse
15. Birthplace Tenn;
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Oscar Aldridge
(b) Address 1217 Range Line
17. (a) Burial (b) Date thereof 8/2-43-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ROCK CEMETERY

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 7-30-43 (b) Gertie Dushoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town 1221 Range Line
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin Mo;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 28, 1943
year 4-15 hour P.M. minute M.

21. I hereby certify that I attended the deceased from July 27 to July 27 1943
that I last saw him alive on July 27 and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

Due to Hardening of arteries

Due to

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

Signature E. E. Coyle (M. D. or other)
Address 306 Union St Joplin Date signed 7-30-43

43-7-680

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.....

Perry K. Hurlbut

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, fact should be so stated above.