

S. No. 2
OM-5-42
v. 5-17-39

X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43265

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Dresden Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia R 7 P 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Milton Aldred

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

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annan Aldred
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct 1 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 20 hr. min.

9. Birthplace Fristo Mo.
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation

11. Industry or business

12. Name John Aldred
13. Birthplace London Eng.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Smith
15. Birthplace New York,
(City, town, or county) (State or foreign country)

16. (a) Informant Roma Redhead
(b) Address Rout # 3 Sedalia Mo.
17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director B. F. Parker
(b) Address La Monte Mo.

19. (a) 12-23-43 (b) Anna Burger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Rural Dresden Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia R 7 P 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1943 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 20, 1943, to 1943, 1943;
that I last saw him alive on Dec 20, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in his home from history evidently an attack of asthma
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 112

Of autopsy

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 W. J. Bishop (M. D. or other) Coroner

Address Sedalia Mo Date signed 12-27-43

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-7-44

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 _____

B. J. Varian

Licensed Embalmer No. _____

~~1952~~
1592

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.

La J. Varian