MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED MAR 9 1944

8445

Do not use this space.

1. PLACE OF DEATH

(a) County SALINE — Registration District No. 323

(b) Township LIBERTY — Primary Registration District No. 6090 — Registered No. 5

or

(c) City / (d) Street No. / 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHAS. H. ALDRIDGE

(a) Residence, No. LIBERTY, TWSH. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	White	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF HALLIE ALDRIDGE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1940

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE Co Mo

FATHER

13. NAME GREEN ALDRIDGE

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

MOTHER

15. MAIDEN NAME MARY DICKERSON

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

17. INFORMANT Mrs. C. H. Aldridge (ADDRESS) Smart Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW CEMETERY DATE 2/22 1944

19. FUNERAL DIRECTOR (NAME) R E Carter (ADDRESS) Smart Springs Mo

20. FILED Feb 22 44, 19 Mrs Bonnie Hoffman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 19, 1944

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1943 to Feb. 18, 1944

I last saw him alive on Feb. 18, 1944. Death is said to have occurred on the date stated above, at 9:45 A.m.,

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

	Date of onset
Carcinoma of left ear	1930

Other contributory causes of importance: 53

Name of operation ... Date of ...

What test confirmed diagnosis? Biopsy Was there an autopsy?

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

Accident, suicide, or homicide? ... 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) W. H. Hunt M. D.

(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

RECEIVED
District Health Officer No. 8,
... File Number
Date Filed 2-8-44

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 R C Coates

Licensed Embalmer No. 3573

P. O. Address Fort Lupton Colo

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.