

S. No. 2
M-2-43
1-17-39
I X39697

DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28873

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

324

3072

154

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putnam Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 da
(Specify whether
In this community 10 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 601 S Benton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT
FULL NAME

EDDIE ALDREDGE

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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April - 7 - 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 14 If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Joel Aldredge
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Ester
15. Birthplace ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr J W Zimmerman
(b) Address State mo

17. (a) Burial (b) Date thereof Aug-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall mo Sunset Hill Cem.

18. (a) Signature of funeral director Harry Heralberger

(b) Address Marshall mo

19. (a) Aug-22-1944 (b) mo T. Woodhark
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 21
year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Aug 21, 1944
that I last saw h.f.a. alive on Aug 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid

Duration

8 Months

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H&E

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?

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

23. Signature Richard T. Nuckles (M. D. or other) DO
Address Marshall, mo Date signed 8/22/44

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

215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-12-44

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

Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address. Marshall 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.