. S. No. 2
0M—8-43
v. 5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 31 1944

Registration District No. 325

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35424

Primary Registration District No. 6099

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queen City Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Private Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Queen City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Abner Aldridge

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie Aldridge

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1888 (Year)

8. AGE: Years 55 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Schuyler Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

MOTHER FATHER

12. Name William Aldridge

13. Birthplace (City, town, or county) Missouri (State or foreign country)

14. Maiden name Minerva Bass

15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Mae Starbuck

(b) Address Queen City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-9-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Cemetery

18. (a) Signature of funeral director Wm H West Queen City Mo

(b) Address

19. (a) Oct 9 1944 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1944 hour 8 minute 3 P. M.

21. I hereby certify that I attended the deceased from Oct 7, 1944, to Oct 7, 19...;
that I last saw h... alive on Oct 7 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suffocation	
Due to Carcinoma of Lungs & thoracic Spine	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury None

23. Signature George Cobb M.D. (M.D. or other)

Address Queen City Date signed 10-9-44

(Licensed Embalmer's Statement on Reverse Side)

1278

DEC 28 1944

RECEIVED DEC 28 1944
District Health Officer No. 10
District File Number 140-44-1257
Date Filed OCT 30 1944

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 Self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm M West

Licensed Embalmer No. 2882

P. O. Address Queencity 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.