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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 270

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. A 4182

Primary Registration District No. 5909

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
Route 1 Caruthersville, Mo.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. Route 1 Caruthersville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LESSIE ALDRIDGE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife R. A. Aldridge

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 3rd (Day) 1892 (Year)

8. AGE: Years 53 | Months 10 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Caroll County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Green Hopper

13. Birthplace Caroll County, (City, town, or county) Tennessee (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant R. A. Aldridge

(b) Address Rt. 1 Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel, Tennessee

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 4-29-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

1206 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 28th year 1945 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan, 19 40 to Apr 28, 1945, that I last saw h[illegible] alive on Apr 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver & Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) H&P	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Luten M.D. (M. D. or other)

Address Caruthersville Mo Date signed 4-28-45

4-45-96

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 E E Waite

Licensed Embalmer No. 4168

P. O. Address Lawrenceville, Va

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.