

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25324

State File No.

Registration District No. 370

Primary Registration District No. 6257

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Patterson Locust Run
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Virginia Fay Aldrich

3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 16 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
I I hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Raymond Aldrich
13. Birthplace Patterson Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Willmaker
15. Birthplace Patterson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Aldrich
(b) Address Patterson, Mo.
17. (a) Burial (b) Date thereof May 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Lake Cem.
NEAR PATTERSON
18. (a) Signature of funeral director Raymond Aldrich
(b) Address Patterson, Mo.
19. (a) 6-15-1945 (b) Raymond Aldrich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111
(c) City or town Patterson
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from May 11, 1945
to May 17, 1945
that I last saw her alive on May 13, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Pertussis +
infancy Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9
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 Raymond Aldrich (M. D. or other)
Address Patterson, Mo. Date signed 5/21/45

1222

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No.

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.