

FILED JAN 9 1946
Registration District No. **274**

Primary Registration District No. **5924**

Registrar's No. **349**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Dresden, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Dresden Dresden Jr.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 years**
(Specify whether years, months or days)
In this community **16 years**

3. (a) PRINT

FULL NAME **Mrs. Nancy A. Aldredge**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **John Aldredge** 6. (c) Age of husband or wife if alive ******* years
7. Birth date of deceased **October 30, 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **1** Days **16** If less than one day
hr. min.

9. Birthplace **Covington, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **William Kabler**
13. Birthplace **unknown, Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora Whitfield (niece)**
(b) Address **Dresden, Missouri**
17. (a) **Burial** (b) Date thereof **12/18/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Thane Ewing**
(b) Address **Sedalia, Missouri**

19. (a) **12/20/45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Dresden**
(If outside city or town limits, write "RURAL")
(d) Street No. **Dresden**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16**
year **1945** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 9-45** to **Dec 16, 45**
that I last saw him alive on **Dec 4** and that death occurred on the date and hour stated above.

Immediate cause of death **R Lobar Pneumonia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **no**
23. Signature **J. E. Britcher** (M. D. or other)
Address **Sedalia** Date signed **12/20/45**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-76

Dr. Mitchell

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

Drane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.