

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. 22405

Registration District No. 323

Primary Registration District No. 4480

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Greenboro mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(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

Alia Aldridge

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

alive _____ years

7. Birth date of deceased Nov

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

78

6

27

hr.

min.

9. Birthplace

Scotland

mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housekeeper

11. Industry or business

MOTHER FATHER

12. Name

Berry Lee

Y

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Eizabeth Stanley

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Vernie Arnold

(b) Address

Greenboro mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof June 11 1946

(Month) (Day) (Year)

(c) Place: burial or cremation

Coffey

18. (a) Signature of funeral director

Lloyd Moore

(b) Address

Dorning mo.

19. (a) June 30, 46

(Date received local registrar)

(b) Mrs. A. J. Drake

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Schuyler
(c) City or town Dorning Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 46 hour 3 minute 4 A. M.

21. I hereby certify that I attended the deceased from 5-14 to June 8 1946 that I last saw her alive on 6-3-46 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to

Hypertension

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

23. Signature

Address

Chas. DeLoe
1000 1/2
Wain DeLoe
Greenboro mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

353

(Licensed Embalmer's Statement on Reverse Side)

JUL 23 1945

SEP 30 1945

RECEIVED

District Health Officer No. 10

District File Number 7-46-1294

Date Filed JUL 5 1946

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 me

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

Signed

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.