

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

30614

State File No. _____

STANDARD CERTIFICATE OF DEATH

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 195

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
900 Clinton, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 Years
years, months or days)

3. (a) PRINT FULL NAME Charles Campbell ALDRIDGE

3. (b) If veteran, name war No 3. (c) Social Security No. 486-24-5152

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Edén ALDRIDGE 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September 9 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 18 If less than one day
hr. _____ min. _____

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

10. Usual occupation Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Aldridge
13. Birthplace Unknown Va. (City, town, or county) (State or foreign country)
14. Maiden name Mary Bellany
15. Birthplace Unknown Va. (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Edén Aldridge (Wife)
(b) Address 900 Clinton St. Carthage, Mo.

17. (a) Burial (b) Date thereof Oct 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park, Joplin, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 9-30-46 (b) P.B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 900 Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27th,
year 1946 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from 26 Sept 1946
that I last saw him alive on 27 Sept 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Aremia Duration 8 days

Due to Chronic Exophthalmos Unknown

Due to Arteriosclerosis, Generalized Unknown

Other conditions Cerebral Hemorrhage 14 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
1310
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 407 W. 1st St. Carthage, Mo.

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

29440

46-7-850

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.....

Licensed Embalmer No.....4231

P. O. Address.....Carthage, Missouri.

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.