

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

35783

FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 224

Primary Registration District No. 6093

1. PLACE OF DEATH:

(a) County Sabine
(b) City or town Marshall Rural
(c) Name of hospital or institution: Sabine County Home 5
(d) Length of stay: In hospital or institution 4 mo
In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sabine 97
(c) City or town Slater 12
(d) Street No. 128 E. Emma 1
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LENA ALDREDGE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 19 1874

8. AGE: Years 71 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pettis Co Mo

10. Usual occupation None

11. Industry or business _____

12. Name Joel Aldredge

13. Birthplace Virg. 1

14. Maiden name Virginia Slater

15. Birthplace Ky 1

16. (a) Informant Mrs J. W. Zimmerman

17. (a) Burial (b) Date thereof Oct. 5-1946

18. (a) Signature of funeral director Harry Hershberger

19. (a) 10-7-46 (b) M. T. Woodward

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 1943 to June 1946 that I last saw her alive on June 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 46E 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? _____ (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 LI

23. Signature Richard T. Melba (M.D. or other) MD Address Marshall, Mo Date signed 10-7-46

Duration

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 67

District File Number.....

Date Filed 10-26-46

188
10/26/46

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.