

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35952

State File No.

FILED OCT 17 1946  
Registration District No. 74

Primary Registration District No. 4550

Registrar's No. 42

1. PLACE OF DEATH

(a) County North  
(b) City or town Sheridan Missouri  
(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 Entire Life years, months or days

3. (a) PRINT FULL NAME

Alice Ida Aldrich

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 divorced  
6. (b) Name of husband or wife Roy Aldrich 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Aug 27 1897 (Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Edwin W. Biggerstaff

13. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country)

14. Maiden name Harriett Odell

15. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Roy Aldrich

(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof Oct 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Sheridan Missouri

18. (a) Signature of funeral director John Andrews Jr.

(b) Address Grant City Missouri

19. (a) October 11 1946 (b) Leta E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North  
(c) City or town Sheridan Missouri (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 Oct day 9 the year 1946 hour 8:20 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 9 October 1946 to 9 October 1946; that I last saw her alive on 9 October 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from colon Duration 6 mo  
Due to Carcinoma of colon 1 yr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 46K

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) (r) Means of injury \_\_\_\_\_

23. Signature Frank Davidson (a) or other \_\_\_\_\_

Address Grant City Mo Date signed Oct 46

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

345

(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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.....

*John Andrews Jr.*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*John Andrews*.....

Licensed Embalmer No.....*4211*.....

P. O. Address.....*Grant City 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.**