No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41439

State File No.

FILED DEC 30 1946 35

Registration District No. Primary Registration District No. 5817

Registrar's No.

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural "Mill Creek Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 Miles West Fortuna, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles west Fortuna,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME Alice Faye Aldrich

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 Single

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased July, 28th, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	4	20	hr. min.

9. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business ---

FATHER
12. Name Jess J. Aldrich
13. Birthplace Coffyville, Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrl Sibbles
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Aldrich
(b) Address Fortuna, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sepaume Mo

18. (a) Signature of funeral director Lucille E. Richards
(b) Address Tipton Mo

19. (a) 12-23-46 (Date received local registrar) (b) Myrta Hotsenpiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th year 1946 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchitis acute	4 days.
Due to Bronchopneumonia	2 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury Morgan County Coroners

23. Signature Birch L. Medrano (M. D. or other)

Address Versailles Mo. Date signed 12/19/46

(Licensed Embalmer's Statement on Reverse Side)

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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 Jamese-E-Richards

Licensed Embalmer No. 2466

P. O. Address Tipton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 235 Primary Registration District No. 5817 Registrar's No. 7

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Mill Creek Township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 Miles W Fortuna Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles W Fortuna Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice F. 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 S

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

7. Birth date of deceased July (Month) 28 (Day) 1946 (Year)

8. AGE: Years 0 Months 4 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jess Aldrich
13. Birthplace Coffyville (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Myrl Sibbles
15. Birthplace Morgan Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Jess Aldrich
(b) Address Fortuna Missouri

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 12/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse Mo

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Lipton Missouri

19. (a) 12/23/46 (Date received local registrar) (b) Myrta Hotsenpiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 18
year 1946 hour 7 minute 20 A M.

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that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchitis Acute	4 days
Bronchial Pneumonia	2 "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury Coroner

23. Signature B. L. Medrumette (M.D. or other) Morgan Co

Address Versailles Mo Date signed 12/19/46

41439