

FILED APR 2 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: 1 mile south of Irondale
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington ¹¹⁰

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile south of Irondale ⁰
(If rural, give location) ^J

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

If yes, name country _____

3. (a) PRINT FULL NAME William Riley Aldridge

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1947 hour 8 minute 05 A.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bertha Aldridge

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 15 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 - 1946 to Feb 19 1947

that I last saw him alive on Feb 18 1947 and that death occurred on the date and hour stated above. ^{19 47}

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis ⁵³⁰

Due to _____

Due to _____

9. Birthplace Iron County Missouri ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation retired

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

Major findings: Of operations 73 B

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Aldridge ⁹

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Aldridge

(b) Address Ironton Mo. Rt. # 1

17. (a) burial (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ir. White Ironton Mo.

19. (a) 3-10-47 (b) Jessie Eichenberger
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. W. Galey (M. D. or other) ⁰

Bismarck MO Address _____ Date signed 2/19/47

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

10000

RECEIVED

District Health Officer No. 4
District File Number 347-420
Date Filed 3-26-47

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 Rachel J. White
Licensed Embalmer No. 3012
P. O. Address Brooklyn, N.Y.

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.