

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36898

Registration District No. 369

Primary Registration District No.

6257

Registrar's No.

23

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Patterson Mo.
(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 _____
years, months or days)

3. (a) PRINT
FULL NAME

Thomas Andrew Aldrich

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex MO 5. Color or
race W

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

6. (b) Name of husband or wife
Melinda Montgomery

6. (c) Age of husband or wife if
alive 64 years

7. Birth date of deceased
(Month) Jan (Day) 7 (Year) 1877

8. AGE: Years 70 Months 8 Days 11
If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gloss Aldrich

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

14. Maiden name Lue Frances Goforth

15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Melinda Aldrich

(b) Address Patterson Mo.

17. (a) Burial (b) Date thereof 9/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Lake Cem. Wayne Co.

18. (c) Signature of funeral director William Goforth

(b) Address Beckmont Mo.

19. (a) Oct. 13-1947 (b) Burial Co. Files
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne
(c) City or town Patterson Mo.
(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 Sept. day 18th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Jan. 1947 to Sept. 18 1947
that I last saw him alive on Sept. 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Ischemic heart disease
myocarditis

Due to _____
Due to _____

Other conditions hypertension
(Include pregnancy within 3 months of death)
arteriosclerosis

Major findings:
Of operations 93L

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)
(c) Means of injury 0

23. Signature A. E. Toney (M. D. or other) _____
Address Patterson Mo. Date signed 9-23-47

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 4

District File Number 119734415

Date Filed 11-10-42

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

Gooder Funeral Home, Registered Apprentice No. working under my personal supervision.

Signed William Gooder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.