

U. S. No. 2
OM-1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36951

State File No. _____

FILED DEC 8 1947

Registration District No. _____

Primary Registration District No. 4005-

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rosendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community 60 yrs
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rosendale
(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 no

3. (a) PRINT FULL NAME HIRAM ELDON ALDREDGE
3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife LILLIAN ALDREDGE
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept 26-1899
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation produce merchant

11. Industry or business
12. Name J. S. Aldredge
13. Birthplace unknown Ind
(City, town, or county) (State or foreign country)
14. Maiden name Louisa M. Carter
15. Birthplace Centry Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Aldredge
(b) Address Rosendale mo

17. (a) Rural (b) Date thereof 11-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whiteville

18. (a) Signature of funeral director E. E. Breit
(b) Address Savannah mo

19. (a) 11-25-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1947 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from Nov 25
1947 to Nov 25 1947
that I last saw him alive on Nov 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insufficiency and Mitral Stenosis
Duration unknown

Due to _____
Due to _____

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

Major findings: Of operations 92A
Of autopsy _____
PHYSICIAN _____
Underline the cause of 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? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury 0
23. Signature A. H. Keller (M. D. or other) _____
Address Rosendale Mo Date signed Nov 26-47

200
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

REC 7 2 1967

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.....

E. C. Breit

Licensed Embalmer No.....

2650

P. O. Address.....

Savannah 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.