

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

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **92**

**1. PLACE OF DEATH:**  
(a) County **Dunklin**  
(b) City or town **Kennett**  
(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 **70 Years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Dunklin**  
(c) City or town **Kennett**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **F.O. Box 406**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **Jefferson McBride Aldridge**  
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

**20. DATE OF DEATH:** Month **July** day **28th** year **1948** hour **Eight** minute **A.M.**  
**21. I hereby certify that I attended the deceased from** **July twenty-fifth** 19**48** to **July 28th** 19**48** that I last saw him alive on **July 28th** 19**48** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 24th 1870**  
(Month) (Day) (Year)

Immediate cause of death **Peritonitis** Duration **36 Hr**

8. AGE: Years **77** Months **7** Days **4** If less than one day hr. min.

Due to **Strangulated Hernia about** 3 days  
Due to \_\_\_\_\_

9. Birthplace **Bollinger County Mo.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **2 W** **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

12. Name **John Henry Aldridge**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Clyde Aldrige**

(b) Address **Kennett Mo. Box 406**

17. (a) **Burial** (b) Date thereof **7-30-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazel Cemetery**

18. (a) Signature of funeral director **Lentz Service**

(b) Address **Kennett Mo.**

19. (a) **7-31-1948** (b) **Ed Husband**  
(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 **2**

23. Signature **Glenn H. Christiansen** M. D. or other **N.O.**  
Address **603 First St. Kennett Mo.** Date signed **7-31-48**

RECEIVED

District Health Office No. 2,

District File Number 848-967

Date Filed 8-2-48

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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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kenilworth

**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.**