

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30556

State File No. _____

Registration District No. 267

Primary Registration District No. 5900

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Braggadocio Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether
In this community all life years, months or days)

3. (a) PRINT FULL NAME

Bernice Aldrich

3. (b) If veteran,
name war No

3. (c) Social Security
No. None

4. Sex Female

5. Color or
race Colored

6. (a) Single, widowed, married,
divorced 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 1947 years

7. Birth date of deceased

Sept 7, 1947
(Month) (Day) (Year)

8. AGE:

Years 1 Months 0 Days 28
If less than one day
hr. 0 min. 0

9. Birthplace

Charleston, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Infant

11. Industry or business

12. Name

L. E. Aldrich

13. Birthplace

Miss
(City, town, or county) (State or foreign country)

14. Maiden name

Bernice Wright

15. Birthplace

Shreveport, La.
(City, town, or county) (State or foreign country)

16. (a) Informant

Bernice Aldrich

(b) Address

Hayti, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/8/48
(Month) (Day) (Year)

(c) Place: burial or cremation

Hayti, Mo.

18. (a) Signature of funeral director

John W. German

(b) Address

Hayti, Mo.

19. (a) 10-5-48
(Date received local registrar)

(b) John W. German
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1948 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from
October 5, 1948, to only
that I last saw her alive on 10-5-48, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Skull fracture

Due to Accidental backing over
by truck at cotton field.
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations NO

Of autopsy NO

PHYSICIAN

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Oct. 5, 1948
(c) Where did injury occur? South of Braggadocio, Pemiscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Edge of cotton field by a road, (County)
While at work? Yes (Specify type of place) Means of injury Truck running over

23. Signature F. B. Farnsworth (M. D. or other) DO
Address Braggadocio, Mo. Date signed 10-5-48

10-48-278

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.....

John H. German

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.