

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36135**

FILED NOV 29 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1020**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **6 days** (Specify whether
In this community, **6 days** years, months or days)

3. (a) PRINT
FULL NAME

James Dewey Aid

3. (b) If veteran,
name war **No**

3. (c) Social Security
No. **A**

4. Sex **Male**
5. Color or race **White**

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

6. (b) Name of husband or wife
Katie C. Aid

6. (c) Age of husband or wife if
alive **44** years

7. Birth date of deceased **February 14, 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 7 hr. min.

9. Birthplace **Independence, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
On Farm

11. Industry or business **Charles Eugene Aid**

12. Name **Charles Eugene Aid**
13. Birthplace **Jackson County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Bell Moore**
15. Birthplace **Independence, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katie C. Aid**
(b) Address **Ava, Missouri**

17. (a) **Removal** (b) Date thereof **11/27/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Silvey, Missouri**

18. (a) Signature of funeral director **Gorman-Scharpf Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **11-23-48** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**
(c) City or town **Ava - Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 3**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**
year **1948** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from
Nov. 16, 1948 to **Nov. 21, 1948**
that I last saw him alive on **Nov. 20, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death
PULMONARY INFARCTION,
BILATERAL
Due to **SOURCE PULMONARY EMBOLI, SOURCE UNKNOWN**
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **H. ABDOMINAL DISEASE**
Of autopsy **SEE ABOVE**

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?

23. Signature **W. Roland Langston** (M. D. or other)
Address **Springfield** Date signed **11/22/48**

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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.....

Gene C. Hunter

....., Registered Apprentice No. *291*

working under my personal supervision.

Signed.....

Lewis G. Schaff

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.