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3906

FILED JAN 31 1949  
Registration District No. 08

Primary Registration District No. 5269

State File No. \_\_\_\_\_  
Registrar's No. 51

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Sparta Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCracken Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 years  
years, months or days

3. (a) PRINT FULL NAME George Eldridge

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male (S. Color or race white)

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

6. (b) Name of husband or wife Essie Eldridge

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 15 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

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

12. Name Gerry Eldridge

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

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Eldridge

(b) Address Sparta Mo Rural

17. (a) Burial (b) Date thereof Dec 5 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinden Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Dec 30 1948 (b) Janita Leonard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Sparta Mo. Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 3  
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 29, 1948, to Dec 3, 1948  
that I last saw him alive on Dec 2, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Insufficiency Duration 4 days

Due to Chronic endocarditis with valvular lesions 4 yrs

Due to \_\_\_\_\_

Other conditions HTA  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to 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 \_\_\_\_\_

23. Signature H. R. Farthing (M. D. or other) \_\_\_\_\_  
Address Ozark Mo. Date signed 12-9-48

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

MOTHER FATHER

Public Health Officer No. 6,  
149-83  
1-28-49

**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..... *T. B. Chaffin* .....

Licensed Embalmer No..... *2192* .....

P. O. Address..... *Ozark, 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.**