

FILED MAY 13 1946

Primary Registration District No. **55-20**

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

1. PLACE OF DEATH: **Henry**
 (a) County **Henry**
 (b) City or town **R.F.D. #4, Windsor, Mo.**
 (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 **6 years** (Specify whether years, months or days)
 In this community **6 years**

3. (a) PRINT FULL NAME **James D. Eldridge**
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Lora F. Letterman** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **March 4, 1872**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **19** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. J.D. Eldridge**

(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **March 27, 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Mo.**

19. (a) **4-8-44** (b) **R.H. Kennedy**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Henry 42
 (a) State (b) County
 (c) City or town **R.F.D. #4, Windsor** (If outside city or town limits, write "RURAL")
 (d) Street No. **WINDSOR TWP.** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
 year **1946** hour **6** minute **0** p. M.

21. I hereby certify that I attended the deceased from **3-23-46**
 , 19, to **3-23-46**, 19;
 that I last saw him alive on **3-23**, 19**46**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Duration **12 hrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94**

Of autopsy

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 **Ray B Jordan** (M. D. or other)

Address **Windsor, Mo.** Date signed **3-25-46**

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District No. 7,
District File No. 4-44-410
Date Filed 5-10-46

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 Edwill Huston

Licensed Embalmer No. 3391

P. O. Address Wilson Ave

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.