

FILED MAR 8 - 1940

Registration District No. 47

Primary Registration District No. 3024

Registrar's No. 31

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

44  
11  
2

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
505 North Roane St. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 44 years  
years, months or days)

3. (a) PRINT FULL NAME John T. Aldridge

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hannah C. Aldridge 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 15, 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 12 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Davis County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of Peace

11. Industry or business office

12. Name James Aldridge

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

14. Maiden name Elizabeth Mayer

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

16. (a) Informant Hannah C. Aldridge  
(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof Feb. 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri 377

19. (a) FEB-28-40 (b) J. L. Pritchett, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 North Roane St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th  
year 1940 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from JAN 20 1940, to FEB 27 1940  
that I last saw him alive on FEB 27 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

CORONARY OCCLUSION

Due to INFLUENZA

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

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

Major findings: Of operations \_\_\_\_\_

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 J. L. Pritchett (M. D. or other) \_\_\_\_\_

Address Webb City, Mo. Date signed 2-28-40

RECEIVED

District Health Officer No. 6,

District File Number 3210-690

Date Filed MAR 7 1940

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.....

*E. D. Hedge*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*E. D. Hedge*

Licensed Embalmer No. 28659

P. O. Address Webb City, 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, above space should be left blank.