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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34014

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3954

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3005 East 25th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3005 East 25th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME: Ida E. Aldridge

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Bert Aldridge

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: January 19, 1893 (Month) (Day) (Year)

8. AGE: Years 48 | Months 9 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Bates Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Louis L. Gregory
13. Birthplace: Fall City, Nebraska 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Deliah Bell Havens
15. Birthplace: Trenton, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Bert Aldridge
(b) Address: 3005 East 25

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Quirk & Tobin Co.
(b) Address: K. C. Mo.

19. (a) 10/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day twenty third year 1941 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from May, 1940, to Oct. 23, 1941, that I last saw her alive on Oct. 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	36 hrs.
Due to: Carcinoma of Fallopian tube & metastasis	21 mos.
Due to: 49B	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of Fallopian tube.
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? (Specify type of place)
While at work (e) Means of injury

23. Signature: Carroll L. Hungate (M. D. or other) 0
Address: 1010 Prof. Bldg. KC. Mo. Date signed: 10-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Conroy, Registered Apprentice No. 307 working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.