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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 342

JAN 30 1943

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No.

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

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 1615 Woodland Apt. 191 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) About 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3 8

(c) City or town K. C. (If outside city or town limits, write "RURAL")

(d) Street No. 1615 Woodland (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert Eldridge

3. (b) If veteran, name war — no

3. (c) Social Security No. — none

4. Sex M.

5. Color or race Col.

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

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

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1862 (Year)

8. AGE: Years 80 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Winnie
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Stella Burton

(b) Address 1413 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St.

19. (a) 1-23-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to 107

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Insp - History

Duration

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 L. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 1-19-43

(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.....

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

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.