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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2407 ✓

State File No. .....

Registration District No. 150 | Primary Registration District No. 5572 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Unity Farm R.7 Box 3 1
(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 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Rural Prairie Twp 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unity Farm R.7 Box 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Louise Jane Aldridge
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Albert E. Aldridge
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug 10 1897 (Month) (Day) (Year)
8. AGE: Years 45 Months 4 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace Pleasant Hill (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
MOTHER FATHER
12. Name James C. Bynum
13. Birthplace Lone Jack (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Emma Thompson
15. Birthplace Lone Jack (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Albert E. Aldridge
(b) Address Lee's Summit Mo R.7 Box 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Jack Mo Lange Ford
18. (a) Signature of funeral director Leo Lange
(b) Address Lee's Summit Mo
19. (a) Jan 9 1943 (Date received by local registrar) (b) J. H. Schlicht by E. H. Schlicht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1943 hour 11:28 minute a.m.
21. I hereby certify that I attended the deceased from July 1 1942 to Jan 8 1943 that I last saw him alive on Jan 8 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coal Lt Kidney with extension Lt	
Due to: Bladder & Metastasis to lungs	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 5 d	
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 0
23. Signature [illegible] (M. D. or other) MD
Address Lee's Summit Date signed 1-9-43

1162

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1944

AUG 13 1944

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 W. B. Langsford

Licensed Embalmer No. 2323

P. O. Address Lees Summit 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.