

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHDr. Elkins
17818

State File No.

Registrar's No.

362

Registration District No. 2000

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County: **GREENE**

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

(c) Name of hospital or institution:
725 S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **80 Years** (Specify whether years, months or days)

In this community: **80 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Mollie Parson Aldridge**3. (b) If veteran, name war: **no** 3. (c) Social Security No.: **no**4. Sex: **Female** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**6. (b) Name of husband or wife: **James Aldridge** 6. (c) Age of husband or wife if alive: **Unknown** years7. Birth date of deceased: **May 13 1857**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
✓ **85** **11** **22** hr. min.9. Birthplace: **Compton Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation: **Housewife**

11. Industry or business:

MOTHER FATHER { 12. Name: **Thomas S. Compton**

{ 13. Birthplace: **Unknown North Carolina**
(City, town, or county) (State or foreign country)

{ 14. Maiden name: **Mary Frances Parsons**

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

16. (a) Informant: **James Aldridge**
(b) Address: **Springfield, Mo.**17. (a) **Burial** (b) Date thereof: **May 7, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Hazlewood**18. (a) Signature of funeral director: **H.H. Lohmeyer**(b) Address: **Springfield, Mo.**19. (a) **5-7-43** (b) **S. W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene** **39**

(c) City or town: **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**

(d) Street No.: **725 S. Broadway**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1943** hour **8** minute **45** a.m.21. I hereby certify that I attended the deceased from **Feb 19 1943** to **May 5 1943**
that I last saw her alive on **May 5 1943**
and that death occurred on the date and hour stated above.Immediate cause of death: **Hypertensive
Cardiovascular
Renal disease**

Duration

Due to.....

Due to: **Progressive heart
failure**Other conditions:
(Include pregnancy within 3 months of death)Major findings:
Of operations: **12/10**

Of autopsy:

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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: **C. Elkins** (M. D. or other) **3/5-43**
Address: **318 1/2 College** Date signed: **3/5-43**

9867 (Licensed Embalmer's Statement on Reverse Side)

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

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

Walter E. Hemmelen

Licensed Embalmer No.

3808

P. O. Address

Springfield, 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.

X