S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Eldridge

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Mahe 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct (Month) 18 (Day) 1876 (Year)

8. AGE: Years 69 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Joe Eldridge
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Adams
15. Birthplace Don't Know 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Eldridge 1

(b) Address Chaffee, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16. 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Union Park Chaffee, Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 5-20-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1946 hour 30 minute 45 P M.

21. I hereby certify that I attended the deceased from 5-7-1946 to 5-14-1946 that I last saw him alive on 5-14-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 A. Duerth (M. D. or other) MD.

Address Cape Girardeau Mo Date signed 5/18/46

46 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Report File Number 646-21

Date Filed 6-6-46

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 Maurice Replenghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.