V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

Coroner's Office

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37976

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4586

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: Gen Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few minutes (Specify whether
In this community 29 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Paseo 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Martha Aldridge

3. (b) If veteran, name war no

3. (c) Social Security No. 409-30-3074

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sonney B. Aldridge

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased February (Month) - 5 (Day) - 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	8	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Fields
13. Birthplace (City, town, or county) La 1 (State or foreign country)

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

16. (a) Informant Sonney B. Aldridge
(b) Address 1212 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/'47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Deputy to 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 Cardiac & Respiratory Failure

Due to Acute - Hypertensive

Due to Heart Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy Same as above

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 0

23. Signature J. Williams (M. D. or other) M.D.C.
Address 2636 - Brooklyn Date signed 11-3-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1948

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Ci

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.