

No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18802

FILED JUN 8 1944

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 410 West 7th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Rosalie Aldridge

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28,
year 1944 hour 4 minute 15 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Aldridge 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased April 25, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 15, 1944 to April 28, 1944 that I last saw her alive on April 28, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. min.

Immediate cause of death Chronic myo-carditis

Duration _____

9. Birthplace Portageville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business None

12. Name Robert David Bandy

13. Birthplace Wayne County, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Strother

15. Birthplace Tintonville, Tennessee
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Hattie Aldridge

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 4-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

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? _____

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 5-9-1944 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Jessie N. Markey (M. D. certifier)
Address Caruthersville, Mo. Date signed 5/9/44

5-44-132

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 *Jack Kelley*.....

Licensed Embalmer No. *3788*.....

P. O. Address *Hart. 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.