

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14013

Registrar's No. 241

FILED APR 29 1945
Registration District No. 8046

Primary Registration District No. 8046

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME HERSCHEL PAYNE ALDREDGE

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Aldridge 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 3 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Monticau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Mail clerk

11. Industry or business Mo Pacific R.R.

12. Name Samuel Aldridge

13. Birthplace Monticau Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mattie Ellen Dugget

15. Birthplace Pettis County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Aldridge

(b) Address California Mo.

17. (a) City County "Burial" Date thereof 4-22-45 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo.

18. (a) Signature of funeral director H. L. Latham

(b) Address California Mo.

19. (a) 4-21-45 (b) W. H. Latham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau
(c) City or town California 68
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from January 3 1945 to April 21 1945 that I last saw him alive on April 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Generalized arteriosclerosis 2 years

Due to 1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy 1

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 Kenneth Latham (M. D. or other)

Address California, Mo Date signed 4-21-45

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

JUN 3 0 1945

JUN 6 1945

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.....

Hugh E. Williams

Licensed Embalmer No. *3537*

P. O. Address *California 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.