WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36625

State File No. 8

1939 NOV

Registration District No. 534   Primary Registration District No. 5717   Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo   (b) County Linn
(c) City or town Marceline (If outside city or town limits, write "RURAL")
(d) Street No. 112 E Chicago (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Albert Alderson

3. (b) If veteran, name war   3. (c) Social Security No. 709-16-5929

4. Sex Male   5. Color or race White   6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel May Alderson   6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 29 (Day) 1888 (Year)

8. AGE: Years 51   Months 2   Days 1   If less than one day — hr. — min.

9. Birthplace Braidwood (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Santa Fe Station Helper

11. Industry or business —

FATHER
12. Name Edward Alderson
13. Birthplace Suneyaid (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Jane Durham
15. Birthplace Braidwood (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Mrs Ethel Alderson
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal)   (b) Date thereof Oct 2 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Marceline Mo

18. (a) Signature of funeral director John D. Rusk
(b) Address Marceline Mo.

19. (a) Oct 28 (Date received local registrar)   (b) O. G. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th year 1939 hour — minute — M.

21. I hereby certify that I attended the deceased from Sept 30, 1939 to Sept 30, 1939
that I last saw h — alive on —, 19—;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Automobile accident his car went over the shoulder on highway 36 1½ mi east of New Cambria	Instant
Due to	
Due to	
Other conditions Intoxicated (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy No	

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) Accident
(b) Date of occurrence Sept 30 – 1939
(c) Where did injury occur? On 36 highway 2 Mi east of (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No   (e) Means of injury Accident

23. Signature O. W. West Coroner (M. D. or other)
Address New Cambria Mo   Date signed Sept 30.

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39

RECEIVED
District Health Officer No. 10
District File Number 11-39-1852
Date Filed NOV 6 1939

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 John D. Rusk, Registered Apprentice No. ....., working under my personal supervision.

Signed John D. Rusk

Licensed Embalmer No. 3805

P. O. Address Marceline 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, above space should be left blank.