

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19061

Registration District No. 558

Primary Registration District No. 57866

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life
years, months or days _____
(Specify whether _____)

3. (a) PRINT FULL NAME Margrett Mae Alderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Monte Pando 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Poindexter

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

14. Maiden name Fildy Laughorn

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

16. (a) Informant Mrs Emma Houke

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 5/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) June 40 (b) Mrs V. A. Cullom
(Date received by registrar) (Registrar's signature)

12. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from August 15, 1935, to May 23, 1940
that I last saw her alive on May 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Sudden

Due to Hypertensive Cardiovascular Disease with years 40

Due to Decompensated Heart years 1

Other conditions Chr Nephritis years 40
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

870 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. T. Anderson, M.D. (M. D. or other) M.D.

Address Montgomery City, Mo Date signed 5/25/40

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 on 24
23 day of May 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery, Ala.

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.