

6. 2  
13-40  
7-39  
23159

DEC 5 - 1940  
Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1212**

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

1. PLACE OF DEATH: **BUCHANAN**

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 ds.** (Specify whether)

In this community **life 70 yrs** years, months or days **3**

3. (a) PRINT FULL NAME **Dale Vinton Alderman**

3. (b) If veteran, name war: **—**

3. (c) Social Security No. **499-18-5037**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Dorita**

6. (c) Age of husband or wife if alive **61** years (Month) (Day) (Year)

7. Birth date of deceased **July 14 1869** (Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **5** If less than one day hr. min.

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

10. Usual occupation **printer**

11. Industry or business **—**

12. Name **Sra. R. Alderman**

13. Birthplace **Morgan County Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Hollis Dallence**

15. Birthplace **Racine Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dorita Alderman**

(b) Address **1523 Charles St. Joseph**

17. (a) **burial** (b) Date thereof **11-21-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery Maryville, Missouri**

18. (a) Signature of funeral director **Chas. Hill Cemetery**

(b) Address **1302 Farson St. Joseph, Mo.**

19. (a) **Nov 20 1940** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1523 Charles** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19** year **1940** hour **11-30** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Nov. 5**, 1940, to **Nov. 19**, 1940 that I last saw him alive on **Nov. 19**, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **1 wks.**

Due to **Chronic myocarditis** ?

Due to **phlebitis of leg.** 1 wk.

Other conditions **arteriosclerotic** (Include pregnancy within 3 months of death)

Major findings: Of operations **12 C**

Of autopsy **—**

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? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **T. J. O'Dell** (M. D. or other) **—**

Address **St. Joseph** Date signed **11/19/40**

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Oby Jester*  
Licensed Embalmer No. 4154

P. O. Address.....

**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.**