

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 39555Registration District No. 135Primary Registration District No. 3034Registrar's No. 237

1. PLACE OF DEATH

(a) County Randolph
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(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) 1

3. (a) PRINT
FULL NAMEEDWARD ALDERSON3. (b) If veteran,
name war _____3. (c) Social Security
No. 703-01-2253

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married,
divorced Divorced
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 3 28 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 19 _____ hr. _____ min.

9. Birthplace Jacksonville mo
(City, town, or county) (State or foreign country)

10. Usual occupation Station Porter

11. Industry or business Wabash, R.R.

12. Name Fred Alderson

13. Birthplace Randolph Co. mo.
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Fitcher

15. Birthplace Randolph Co. mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Jennie Reynolds

(b) Address 233 Hedge ave

17. (a) Burial (b) Date thereof 11 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville mo

18. (a) Signature of funeral director H. B. Carr

(b) Address 417 N. 5th Moberly mo

19. (a) Nov 19-40 (b) Deah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 233 Hedge ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1940 hour 12 minute 27 P.M.

21. I hereby certify that I attended the deceased from July 4
_____, 1940, to Nov. 16, 1940
that I last saw him alive on Nov. 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to Aortic Regurgitation

Due to Luetic

Other conditions 34
(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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature P. S. Kwiatkowski (M. D. 11/13/40)

Address Moberly, Mo. Date signed 11/13/40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2287

Date Filed DEC 12 1940

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.....

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address no body 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.