No. 2
4-13-40
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41903

Registrar's No. 1349

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

1. PLACE OF DEATH:
(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: 2615 Olive 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Years years, months or days)

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. 2615 Olive (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANCES ANN ALDERSON

3. (b) If veteran, name war none

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 David Alderson

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

7. Birth date of deceased Aug. (Month) 10th. (Day) 1861 (Year)

8. AGE: Years 79 Months 4 Days 13 If less than one day hr. min.

9. Birthplace London (City, town, or county) England (State or foreign country) 4

10. Usual occupation Housewife 4

11. Industry or business 4

FATHER
12. Name J. W. Hind
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Jane Clemment
15. Birthplace London (City, town, or county) England (State or foreign country)

16. (a) Informant Minnie Alderson
(b) Address 2615 Olive St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 -26 -40 (Month) (Day) (Year)
(c) Place: burial or cremation Gravity, Iowa.

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) 12/26/40 (Date received local registrar) (b) H J Mattebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 23 day year 1940 hour 2 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec 22, 1940, to Dec 23, 1940
that I last saw her alive on Dec 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myo. Carditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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

23. Signature J W Mays (M. D. or other) 1
Address Dec 24 1940 Date signed 12-24-40

(Licensed Embalmer's Statement on Reverse Side) 2801 Reneck St St. Joseph

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 Geo. C. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.