

No. 2  
1-10-39  
17-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10316

Registration District No. 149

Primary Registration District No. 4083

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Cleveland mo.  
(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  
In this community all of life / (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
(c) City or town Cleveland mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Aunie Lee 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 Andrew Alderson 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July - 12 - 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cleveland Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business.

12. Name Levi Alderson  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Carmichael  
15. Birthplace unknown Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Floris Martin  
(b) Address Cleveland mo

17. (a) burial (b) Date thereof March 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland mo

18. (a) Signature of funeral director Geo. E. Myers  
(b) Address Cleveland Mo. 919

19. (a) March 27-41 (b) Geo. E. Myers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1941 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from March 6  
1941 to March 23 1941;  
that I last saw her alive on March 23 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Eterna Lungo  
(Include pregnancy within 3 months of death) Weak

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? \_\_\_\_\_

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

23. Signature Martin V. Robbins (M. D. or other) ii  
Address Psuhar, Mo Date signed 3/26/41

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

**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. E. Myers*

Licensed Embalmer No. *2517*

P. O. Address

*Cleveland 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.**