

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28590

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: Jasper General Hospital - (D.O.)
(d) Length of stay: In hospital or institution 3 days
In this community 0 years, months or days

3. (a) PRINT FULL NAME AMOS B. ALDERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Cherokee County, Kansas
(City, town or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Clyde Warner Alderson
13. Birthplace McDonough County, Illinois
14. Maiden name Emma Ellen Rafferty
15. Birthplace Green County, Illinois
(City, town or county) (State or foreign country)

16. (a) Informant Anna Lee Alderson

(b) Address Carl Junction, Missouri

17. (a) Buried (b) Date thereof 18 Aug 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Robert General Service

(b) Address Carl Junction, Mo.

19. (a) 8-19-41 (b) 21 D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction
(d) Street No. 401 Skinner St.
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1941 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 6
May 6 1941 to Aug 16 1941
that I last saw him alive on Aug 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Myocarditis
Chronic Nephritis

Due to _____

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Myocarditis - Rolly cystic
Kidneys - Perforating ulcers - Stomach

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? _____

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

23. Signature J. W. Pinkerton M.D. or other Dr.
Address Carl Junction, Mo. Date signed Aug 17 41

41-9-769

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

Rollins Knott

Licensed Embalmer No. *3685*

P. O. Address *Carl Junction, 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.