

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 14 1942

Registration District No. 148

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4082

41549

State File No.

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME William Alderson

3. (b) If veteran, name war

3. (c) Social Security No. 492-18-8633

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Opal Alderson 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 14 - 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Belton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Vincent Alderson 13. Birthplace ?
(City, town, or county) (State or foreign country)

14. Maiden name Joel Collins 15. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Mosby

(b) Address Belton, Missouri

17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Cemetery

18. (a) Signature of funeral director Rev. B. J. Miller
(b) Address Pleasant Hill, Mo.

19. (a) 12-15-41 (b) W. M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
(c) City or town Belton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 ch
year 1941 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Dec
1939 to Dec 9th 1941
that I last saw him alive on Dec 9th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardiosis Duration 1 year

Due to Chronic Parenchymatous nephritis 1939

Due to Chronic Parenchymatous nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1316
Of autopsy 21
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?

(Specify type of place)
While at work? (e) Means of injury 2
23. Signature R. M. Miller (M. D. or other) 190
Address Belton Mo Date signed 12/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

By me - Dec. 13. 1941, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3785*

P. O. Address. *Second Street*

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.