

1970

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 19 1942

Registration District No. 107-177

Primary Registration District No. 4106

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Tripllett
 (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 _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
 (c) City or town Tripllett
 (If outside city or town limit write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Phillip 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 August 18th, 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad section

11. Industry or business _____

MOTHER FATHER { 12. Name John Alderson
 13. Birthplace Fulton Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Hooper
 15. Birthplace Collinsville Pa.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. P. Dickinson
 (b) Address Tripllett, Missouri
 17. (a) Burial (b) Date thereof 1--16-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tripllett, Missouri

18. (a) Signature of funeral director L. M. Heisel
 (b) Address Brunswick, Mo.
 19. (a) Jan 15 1942 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
 year 1942 hour 6 minute P.

21. I hereby certify that I attended the deceased from Dec 25 1941 to Jan 3 1942
 that I last saw him alive on Jan 3 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Obstruction of oesophagus
 Due to Cancer of the oesophagus
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 460

Duration 1 mo
1 yr

Major findings: Of operations none
 Of autopsy none

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 5
 23. Signature Harry E. Tatum (M. D. or other)
 Address Brunswick Mo Date signed 1-15-42

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

RECEIVED

District Health Officer No. 8,

File Number

2-17-42

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 L. W. Weisal

Licensed Embalmer No. 823

P. O. Address Brunswick, Ga.

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.