No. 2
4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 4411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2489

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2902 W. 4th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2902 West 4th st.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ********** years.

3. (a) PRINT FULL NAME Elijah A. Alderson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella

6. (c) Age of husband or wife if alive, if not, how long dead

7. Birth date of deceased March 9th (Month) 1880. (Day) (Year)

8. AGE: Years 61 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Eureka Springs (City, town, or county) Ark. (State or foreign country)

10. Usual occupation GARDNER.

11. Industry or business

MOTHER FATHER

12. Name Wm. Alderson.

13. Birthplace Arkansas. (City, town, or county) (State or foreign country)

14. Maiden name Betty Gothage

15. Birthplace Arkansas. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Alderson
(b) Address 2902 W 4th St Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I- 23-42 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FOREST PARK

18. (a) Signature of funeral director The Hurlbut Und. Co.
(b) Address Joplin Missouri.

19. (a) 1-23-42 (Date received local registrar) (b) [signature] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 21
year 1942 hour 6- minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-26-1940 to 1-21-1942
that I last saw h[illegible] alive on 1-20-1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: chr. Cardio-Vascular disease & hypertension	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	
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) no
(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? Means of injury

23. Signature Herman A La Force (M. D. or other) MD
Address 607 Main Joplin Mo Date signed 1-23-42

421-89

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 Steve D Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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, fact should be so stated above.