

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9563

State File No.
Registrar's No. 251

FILED MAR 22 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1823 No 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A. 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 May 12 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 9 6 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Alderson
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Harriet ? (State or foreign country)
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. H. Bigham

(b) Address 3507 Mitchell

17. (a) Burial (b) Date thereof 2-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Freeman & Son Inc

(b) Address St Joseph Mo

19. (c) 2-20-43 (b) Ree Keizer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1823 No 2nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th
year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Feb 9
1943 to Feb 9 1943
that I last saw him alive on Feb 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Myocarditis
Myocardial Degeneration

Due to General Arteriosclerosis

Due to Injured nose

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

Major findings:

Of operations 932

Of autopsy ✓

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) (c) Means of injury ✓

23. Signature of physician Charles H. Kerner (M. D. or other)
Address 221 High Street Date signed 2-18-1943

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed: _____

Licensed Embalmer No. _____

P. O. Address _____

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.