

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21681

Registration District No. 3031

Primary Registration District No. 5596

Registrar's No. 41

## 1. PLACE OF DEATH:

(a) County. Jefferson  
(b) City or town. Rural  
(c) Name of hospital or institution:  
Route 2 DeSoto  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None  
(Specify whether  
In this community. 70 Years  
years, months or days)

3. (a) PRINT FULL NAME JAMES BERKLEY ALDERSON

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

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Jenny Siebel 6. (c) Age of husband or wife if alive. 61 years  
7. Birth date of deceased. March 31 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 24 If less than one day  
hr. min.

9. Birthplace. Jefferson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business.

12. Name. John A. Alderson  
13. Birthplace. Alderson Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name. Lucy J. Stevens  
15. Birthplace. Jefferson Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant. Ransom Alderson  
(b) Address. 2352 Park - 5 + Lewis Mo  
17. (a) Burial (b) Date thereof. June 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Rural Oakland C.

18. (a) Signature of funeral director. Lee Mothershead(b) Address. DeSoto, Mo.

19. (a) 6-28-43 (b) Sam Spencer  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. Route DeSoto  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year. 1943 hour. 9 minute A. M.

21. I hereby certify that I attended the deceased from 2/26 1943 to 6/25 1943  
that I last saw him alive on 6/24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Coronary  
& myocarditis Duration ?

Due to Essential Hypertension

Due to Chronic Nephritis ?  
Other condition. Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. 131  
Of autopsy. 131  
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) (a) Means of injury. Car  
23. Signature. Sam Spencer (M. D. or other) 6/26/43  
Address. DeSoto Mo Date signed 6/26/43

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

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.**