

FILED APR 13 1945

Registration District No. 233

Primary Registration District No. 5812

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural
(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

3. (a) PRINT FULL NAME John James Alderson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 4

4. Sex Male 5. Color of skin W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Alderson 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 8 - 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 1 min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Jessie Alderson

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

14. Maiden name Vergenia Kimbrell

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

16. (a) Informant John J. Alderson

(b) Address Middleton Mo.

17. (a) Buried (b) Date thereof 5-11-45
(Burial, cremation, or removal) (Day) (Month) (Year)

(c) Place: burial or cremation Middleton Mo.

18. (a) Signature of funeral director W. H. Keith

(b) Address Wellsdale Mo.

19. (a) April 10 (b) ma chas. may
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1945 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from Apr. 8th to Apr. 9th 1945
that I last saw him alive on Apr. 9th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas, stomach, liver and Colon
Due to _____
Due to _____

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

Major findings: _____
Of operations _____

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? _____

(Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature J. Keith (M. D. or other) _____
Address Wellsdale Mo. Date signed 4/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED.

District Health Officer No. 9,

District File Number _____

Date Filed _____

4-12-45

MAY 24 1952

MAY 21 1952

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, Self,

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1588

P. O. Address Helleville 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.