FILED MAY 10 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14214
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis Registration District No. 274
(b) Township or (c) City Green Ridge Primary Registration District No. 4405 Registered No. 104
(d) Street No. Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Missouri Belle Alderman
(a) Residence, No. Born & lived entire life in Pettis Co
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Alderman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 23 1868
7. AGE: Years 77 Months 0 Days 29 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Beaman Mo

FATHER
13. NAME: Franklin Beaman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Beaman Mo

MOTHER
15. MAIDEN NAME: Margaret Stanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Negi Benton Mo

17. INFORMANT (ADDRESS): Susan Alderman Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Antioch DATE: 4/24 19 45

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L.L. Reams Green Ridge Mo

20. FILED Apr 24 19 45 Mrs Anna Zerger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 22 19 45

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 19 45 to Apr 22 19 45
I last saw her alive on Apr 21, 19 45. Death is said to have occurred on the date stated above, at 6:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis, Hypertension	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) H. A. White, M. D.
(Address) Green Ridge, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-9-19-38

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5/9/45

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. L. Reame

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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, above space should be left blank.