

Registration District No. 233 Primary Registration District No. 4348

1. PLACE OF DEATH:  
(a) County Memphis  
(b) City or town Kellaville mo  
(c) Name of hospital or institution 300 Water St. 1  
(d) Length of stay: In hospital or institution 14 years  
In this community 14 years

3. (a) PRINT FULL NAME Susan Elmer Alderson  
(b) If veteran, name war L  
(c) Social Security No. 2  
(d) Sex F Color or race W  
(e) (b) Name of husband or wife O. J. Alderson  
(f) (c) Age of husband or wife if alive Dec 12 - 1860  
(g) Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: St Louis Co mo (City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business same

12. Name Jamery S. Humphreys

13. Birthplace St Louis Co mo (City, town or county) (State or foreign country)

14. Maiden name Sara J. Humphreys

15. Birthplace St Louis mo (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Edna Martin

(b) Address Kellaville mo

17. (a) Burial (b) Date thereof 7/29/47 (City or town) (County) (State) (Year)

(c) Place: burial Hopeville Cemetery

18. (a) Signature of funeral director W. J. Smith

(b) Address Kellaville mo

19. (a) 7-19-47 (b) Thos. Meritt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Kellaville mo  
(d) Street No. 300 Water St  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 18 year 1947 hour 20 minute 509 M.

21. I hereby certify that I attended the deceased from July 18 to July 18 1947  
that I first saw her alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
and my cerebral degeneration Duration 10 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 938  
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?

While at work (Specify type of place)

(e) Means of injury

23. Signature W. J. Smith (M. D. or other)

Address Kellaville mo Date signed 7/18/47

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 7/23/47

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

Signed \_\_\_\_\_

Licensed Embalmer No. 1588

P. O. Address Yellowville, 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.**