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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 16 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 168

Primary Registration District No. 1000

Registrar's No. 165

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: Andrews Hotel 3
(If not in hospital or institution, write street number or location)
1224 So. 6th St.
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: Easton
(If outside city or town limits, write "RURAL")
(d) Street No.: Easton, Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Wiley Alderson
3. (b) If veteran, name war: No
3. (c) Social Security No.: 489-14-1716
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced Deceased
6. (b) Name of husband or wife: Helen
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 1 (Day) 1883 (Year)

8. AGE: Years 64 Months 10 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: DeKalb (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Sign Painter
11. Industry or business: Max Gordon Sign Co.
FATHER
12. Name: David J. Alderson
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Laura Clark
15. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Dettie Lisle
(b) Address: Easton Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo
19. (a) 2-10-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1948 hour II minute P. M.
21. I hereby certify that I attended the deceased from Feb 8th, 1948, to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.
Viewed

Immediate cause of death	Duration
Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. W. Tadlock (M. D. or other) Coroner
Address: KING HILL BLDG St. Joseph, Mo Date signed 2/4/49

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.