

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

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.

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

35071
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township KAW Primary Registration District No. 1002
(c) City Keosauqua (d) Street No. 5304 Virginia Registered No. 4046
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME James H. Alderton
(a) Residence, No. 5304 Virginia St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Emma M. Alderton (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. - 11 - 1878
7. AGE YEARS 64 MONTHS 8 DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teller
9. Industry or business in which work was done, as law mill, bank, etc. Federal Reserve Bank
10. Date deceased last worked at this occupation (month and year) 21 YRS
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
13. NAME James H. Alderton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME MARY Alice DEAR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
17. INFORMANT (ADDRESS) Miss MARY E. Alderton 5304 Virginia
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE OCTOBER 29 1939
19. FUNERAL DIRECTOR (NAME) D. W. Newcomers Sons (ADDRESS) Paseo + Brush Creek 10/23 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1939, to Oct 21 1939
I last saw him alive on Oct 21 1939. Death is said to have occurred on the date stated above, at 5:15 pm.
The principal cause of death and related causes of importance were as follows:
Jan 16 1939 Angina Pectoris 94a
Other contributory causes of importance: none
Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury
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? no
(Signed) J. G. ... M. D.
(Address) 311 ...

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

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address

R. C. 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.