

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

43605  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 400  
 (b) Township Peaslee Primary Registration District No. 5553B  
 (c) City Little Blue, Mo. Street No. Jackson County Home Parallel Road Registered No. 229  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. James M. Alderman St.   
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 4

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER  
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ernest Jackson  
2701 C Home

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 6 bed of St. Mary's Dec 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rotten  
12 E. ...

20. FILED 12-12-1939 Sarah A. ...  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-15-39 to 11-2-39  
 I last saw him alive on 11-1-39 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset

Other contributory causes of importance: 82 in

Name of operation Chinical Date of no  
 What test confirmed diagnosis Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 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  
 If so, specify

(Signed) J. W. ... M. D.  
 (Address) Independence, Mo

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.

Dec Alderman Alms Open  
Attus

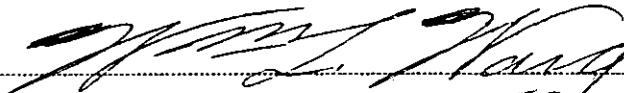
**STATEMENT BY LICENSED EMBALMER**

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

3991



Licensed Embalmer No. 5725

P. O. Address

**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.**