WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1940

State File No. 6745

Registration District No. 14 Primary Registration District No. 4211 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 709 S. Windsor Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James W. McAllister
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Young McAllister
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 14 (Day) 1849 (Year)
8. AGE: Years 90 Months 6 Days 26 If less than one day hr. min.
9. Birthplace unknown (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Farming (Retired)
11. Industry or business
FATHER 12. Name James McAllister
13. Birthplace unknown (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Alma Olin
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant's own signature Mrs. Elsie Ferguson
(b) Address Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery Henry County, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) Jan 11 1940 (Date received local registrar) (b) D. Jennings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 10 year 1940 hour 11:30 p. m. minute M.
21. I hereby certify that I attended the deceased from Aug 16, 1939 to Jan 10, 1940 that I last saw him alive on Jan 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage Right side	4 1/2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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 D. Jennings (M. D. or other)
Address Windsor Date signed 1-11-40

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Rev. 5-17-39

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-10-31
Date Filed 2-16-40

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 Edell L. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.