

No. 2
1-13-40
-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24963

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 184

1. PLACE OF DEATH:
 (a) County Cole 3
 (b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. STATE PRISON
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days) 24 1/2

3. (a) PRINT FULLNAME JAMES McALLISTER (31,237)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Porter 9

11. Industry or business Porter 9

12. Name Unknown 9

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Self

(b) Address _____

17. (a) Richard [unclear] (b) Date thereof July 24, 1940
(Date of death, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson

18. (a) Signature of funeral director [Signature]
(b) Address Jefferson City

19. (a) 7/24/40 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour One minute 35 P. A. M.

21. I hereby certify that I attended the deceased from Aug. 14
1939 to July 23, 19 40
that I last saw him alive on July 23, 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Generalized Atherosclerosis

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

Major findings:
 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 Marshall W. Kelly (d. or other) _____
Address Jefferson City, Mo.

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

Handwritten text, possibly a name or address, mostly illegible due to blurriness.

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 *John F. Heinrich*.....

Licensed Embalmer No. *3655*.....

P. O. Address *Jeffersville, 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.