

1941 MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13321

State File No.

13102

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
30 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
(a) State (b) County
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 Cherry 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Albert Dorsey McAllister

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Wid 2

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

7. Birth date of deceased Jan 5 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 26
If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Parking Station Operator

11. Industry or business

MOTHER FATHER {
12. Name William McAllister
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Sallie McAllister
15. Birthplace Ky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. W. Marcum

(b) Address 4223 Fairmount Mo.

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill
Mrs. C. L. Forster

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 rooklyn Kansas City Missouri

19. (a) Apr 2 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1941 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-31-41 to 3-31-41
that I last saw him alive on 3-31-41
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Asthma

Duration

Due to 112

Due to 112

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy
None

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?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Wiley R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 0

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

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 _____

Licensed Embalmer No. _____

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, fact should be so stated above.