

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18794

FILED JUN 16 1941

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 901 Sinnock Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL") 3

(d) Street No. 901 Sinnock
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Clinton McAllister

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

4. Sex Male 0 5. Color or race white

6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Oct 3 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1934 to May 8th 1941
that I last saw him alive on May 8th 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71	7	5	
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hr. _____ min. _____

Immediate cause of death Chronic Interstitial Nephritis Duration 7 yrs

Due to Over Knew

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation farmer

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Fielding McAllister

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

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant Frank McAllister

(b) Address 901 Sinnock Ave

17. (a) Burial (b) Date thereof 5/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Fred Thompson

(b) Address Moberly Mo

19. (a) May 10-41 (b) Beale Williams
(Date received local registrar) (Registrar's signature)

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. O. Ash (M. D. or other) 0

Address Moberly Mo Date signed 5/9/41

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1089

Date Filed JUN 12 1941

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

Mrs. Fred A. Thompson

Licensed Embalmer No.

3282

P. O. Address

Madison, W

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.