

FILED JUL 20 1942 85  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 621

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days  
specify whether

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2024 Lover's Lane  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Mc Allister

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1942 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 1  
1942 to June 25, 1942  
that I last saw him alive on June 25, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Lenor Mc Allister

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 15 1862  
(Month) (Day) (Year)

Immediate cause of death Uræmia  
Chronic Pyelonephritis  
Prostate Hypertrophy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 137b  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Mgr. Saderly Dept.

11. Industry or business Wyeth Hardware Company

MOTHER FATHER

12. Name Thomas Buck McAllister

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

14. Maiden name Mary Jane Jordan

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

16. (a) Informant Mrs Albert E. Vaughan

(b) Address 2024 Lovers Lane, St. Joseph

17. (a) Burial (b) Date thereof June 27 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memoral Park Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St. Joseph, Missouri

19. (a) 6-26-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

Major findings: Prostate Hypertrophy  
Prostate Calculi

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)

Means of injury 0

23. Signature J. J. Bausboch (M. D. or other) \_\_\_\_\_  
Address 825 7th Ave Date signed 6/26/42

1233

St Joseph Mo

Bensbach

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 H. Purley  
Licensed Embalmer No. 4050  
P. O. Address St Joseph 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.