

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED APR 8 1943

Registration District No. 174

Primary Registration District No. 30.35

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Levington
(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. (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME JOSEPH MARION Mc ALISTER

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

6. (b) Name of husband or wife Myrtle Johnson 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 4 1876
(Month) (Day) (Year)

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

66 9 27 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name John Mc Alister

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Mc Alister

(b) Address Levington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Levington Mo

18. (a) Signature of funeral director Wm. G. Lee

(b) Address Levington Mo

19. (a) 3-4-43 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Levington
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 10 1943 to Mar 1 1943

that I last saw him alive on Mar 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death chronic & acute cystitis Duration

Due to long straddles of weather & prostration

Due to enlargement

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 J. O. Cape (M. D. or other) 43

Address Levington Mo Date signed 3/4

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

RECEIVED

District Health Officer No. 8,

District File No.

District File No.

4-7-43

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.