V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1276

Registrar's No. 158

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: 3845 BALTIMORE AVENUE
(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: 33 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 3845 BALTIMORE AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME: MR ALLEN ORRIS McALLISTER

3. (b) If veteran, name war: NO

3. (c) Social Security No. 487-05-2899

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MRS. JOSEPHINE McALLISTER

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: JAN. (Month) 10 (Day) 1884 (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace: COLUMBIA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HARDWARE SALESMAN

11. Industry or business: BROADWAY HDW. CO.

MOTHER FATHER

12. Name: HENRY D. McALLISTER

13. Birthplace: TERRE HAUTE (City, town, or county) INDIANA (State or foreign country)

14. Maiden name: JEMIMA STAY

15. Birthplace: COLUMBIA (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Mrs Josephine McAllister
(b) Address: 3845 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Mo.

18. (a) Signature of funeral director: D. A. Newcomer Sons
(b) Address: 1401 - BRUSH CREEK BLVD.

19. (a) 1-11-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 9TH year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1944, 19..., to Jan 9, 1945; that I last saw him alive on Jan 9, 1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion hr

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 94 a

Major findings:
Of operations:

Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: M. P. Liebgott M.D. (M. D. or other)
Address: 4000 Baltimore K.C. Date signed 1-10-45

(Licensed Embalmer's Statement on Reverse Side)

4000 Baltimore

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 Elscar Hockey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.