

No. 2  
OM-543  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3199

State File No. \_\_\_\_\_

FILED JAN 24 1945  
387

Registration District No. \_\_\_\_\_

Primary Registration District No. 6032

Registrar's No. 2016

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town 3 1/2 miles East of Doniphan  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Camp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 30 years.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town 3 miles east  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME JOHN R. McAllister

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 2, year 1944, hour \_\_\_\_\_, minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Dec., 1944, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased: May 22, 1872  
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia 1 wk

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 6 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Carmi Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: \_\_\_\_\_

12. Name: Mr. McAllister

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

14. Maiden name: unknown

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Theodore McAllister (son)

(b) Address: 2013 Park Ave, St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-7-44  
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge, Doniphan Mo.

18. (a) Signature of funeral director: F. E. Jordan

(b) Address: 1712 1/2 N. 4th St. St. Louis Mo.

19. (a) 1/12/45 (Date received local registrar) (b) G. G. Johnston (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? \_\_\_\_\_

23. Signature: Clifford Work (M. D. or other) \_\_\_\_\_  
Address: DONIPHAN Mo. Date signed: \_\_\_\_\_

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

MOTHER FATHER

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**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

*J. G. Jordan*

Licensed Embalmer No. *3200*

P. O. Address *Doniphan, 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.**