

S. No. 2
M-5-42
r. 5-17-39
I X32873

OVER JUL 11 1945
Registration District No. 321

Primary Registration District No. 6083

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Nelson
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.....
In this community All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Nelson
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Milton Green McAlister
(b) If veteran, name war
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25th
year 1945 hour 10 minute 15 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Byrdie Lee McAlister
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 8th, 1872

21. I hereby certify that I attended the deceased from Dec 23, 1944 to June 25, 1945
that I last saw him alive on June 25, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis

8. AGE: Years 73 Months 5 Days 17
If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy
Duration 4 1/2

9. Birthplace Fredrickstown Missouri
10. Usual occupation Dentist
11. Industry or business

PHYSICIAN W. Stouffer
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Milton Green McAlister
13. Birthplace Unknown
14. Maiden name Margaret Susan Talbott
15. Birthplace Oklahoma

16. (a) Informant Mrs. Byrdie L. McAlister
(b) Address Nelson, Missouri
17. (a) Burial (b) Date thereof June 27, 1945
(c) Place: burial or cremation Nelson, Mo.
18. (a) Signature of funeral director Camille R. Perry
(b) Address Marshall, Mo.
19. (a) June 27, 1945 (b) Mrs. W.E. Shackelford

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 R. W. Stouffer (M. D. or other) Nelson
Date signed 4/27/45

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 7/10/45

JUL 17 1945

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 R. W. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.