

**FILED** APR 12 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
417 W. Morgan, St. 1  
(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 yrs.  
years, months or days)

3. (a) PRINT FULL NAME

Newton Alliga

3. (b) If veteran,  
name war No.

3. (c) Social Security  
No. 490-16-4692

4. Sex M 2. Color or race C.

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

6. (b) Name of husband or wife  
Lula Alliga

6. (c) Age of husband or wife if  
alive 49 years

7. Birth date of deceased Feb 29 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 0 24 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Jim Alliga  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Alliga

(b) Address 401 W. Cooper, St. Sedalia, Mo.

17. (a) Buried (b) Date thereof 3-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director J. Price Alexander

(b) Address 401 W. Cooper, St. Sedalia, Mo.

19. (a) 4-2-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 90  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 417 W. Morgan, St. 8  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1946 hour \_\_\_\_\_ minute 8:15 P.M.

21. I hereby certify that I attended the deceased from March 4th, 1946, to March 24th, 1946  
that I last saw him alive on Mar 24 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral apoplexy  
Due to lobar pneumonia

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

Other conditions Polymia  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 100

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 A. R. Maddox (M.D. or other) M.D.

Address 116 1/2 W. Main Date signed 3-27-46

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

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 4-11-46.....

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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.....

*James R. Rausch*

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.