S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1946

State File No. 31224

Registration District No. 211 Primary Registration District No. 4456 Registrar's No. 16

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Poplar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair 93
(c) City or town Appleton
(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

3. (a) PRINT FULL NAME Rosa. McMcALLister

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex: Fem

5. Color or race White

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

6. (b) Name of husband or wife ALBERT F McALLister

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug (Month) 10 (Day) 1872 (Year)

8. AGE: Years 74 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or country) (State or foreign country)

16. (a) Informant Albert F McAllister
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) Oct 1-46 (Date received local registrar) (b) Mrs. Ollie Amey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1946 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from 3/15, 1945 to 9/29, 1946 that I last saw her alive on 9/29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach	2 yrs
Due to HB	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations None Performed
Of autopsy None Performed

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. O. Bjerke (M. D. or other) P.O.
Address Rockville, Mo Date signed 9/30/46

9 93

(Licensed Embalmer's Statement on Reverse Side)

R...
D...
Di... 9-46-1022
Date Filed 10-9-46

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 Mc on the 29 day of Sept 1946, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.