S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21432

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50
(a) State Missouri (b) County Jefferson
(c) City or town Festus 3
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Valentine St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) D
If yes, name country

3. (a) PRINT FULL NAME Hettie Moore
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 2, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	21	hr. min.

9. Birthplace Cottonwood Point, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Own home
FATHER
12. Name James Thomas McAlister
13. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Frances Henry
15. Birthplace Unknown Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. C. Lawson
(b) Address Blythesville Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Crystal City, Mo.
18. (a) Signature of funeral director Gentry R. Pollitte
(b) Address Crystal City, Mo.
19. (a) May 27 1947 (Date received local registrar) (b) Clara Bellinville (Registrar's signature) 142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from 5-19 1947 to 5-23 1947
that I last saw her alive on 5-22 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	4 days.
Due to Arteriosclerosis ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83	
Of autopsy	

PHYSICIAN
Underline the cause of 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 6
23. Signature [signature] (M. D. or other) M.D.
Address Crystal City, Mo. Date signed 5-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number 6-12-47

Date Filed

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 Gentry R. Polette

Licensed Embalmer No. 3481

P. O. Address Crystal 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.