

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26448**
3254
Registrar's No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 41 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 3928 Warwick Boulevard **80**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Robert J. MC ALISTER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah E. McAlister 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 28, 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Armour & Company

MOTHER FATHER

12. Name James Mc Alister

13. Birthplace Lebanon Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Sarah E. McAlister

(b) Address 3928 Warwick Blvd., K.C.

17. (a) Burial (b) Date thereof 8-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Melody-McGivley-Eylar

(b) Address Kansas City, Missouri

19. (a) 8-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1948 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 8-1, 1948 to 8-8, 1948
that I last saw him alive on 8-8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 day
embolism

Due to auricular fibrillation ?

Due to arterio-sclerosis ?

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93 D

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 B. Marcus Keller (M. D. or other) M.D.

Address 716 Bryant Bldg Date signed 8-9-48

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

Glen E. Heck

Licensed Embalmer No. *4063*

P. O. Address. *Kansas 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.