

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 1 1942

Registration District No. 317

Primary Registration District No. 5436 4192

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic Missouri
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Republic Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? Lifo years.

3. (a) PRINT FULL NAME Daniel Turner McAlester

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1942 hour 3 minute A M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from April 22, 1942, to April 28, 1942 that I last saw him alive on April 28, 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

Immediate cause of death Hemiplegia Cerebral Hemorrhage

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug. 30, 1855
(Month) (Day) (Year)

Due to Hypertension

8. AGE: Years Months Days If less than one day
86 7 29 hr. min.

Due to _____

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

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

10. Usual occupation Farmer

Major findings: 8301
Of operations _____

11. Industry or business _____

Of autopsy no autopsy

12. Name Wesley M. Allister
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

14. Maiden name Sarah Copeland
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Shady Harris
(b) Address Republic Mo

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Republic Greene Mo
(City or town) (County) (State)

(c) Place: burial or cremation Clegg Creek Cemetery
18. (a) Signature of funeral director R. E. Thurman
(b) Address Republic Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home
(Specify type of place) (e) Means of injury _____

19. (a) 5-1-1943 (b) St. Lawrence Britain
(Date received local registrar) (Registrar's signature)

23. Signature E. H. Beal (M. D. or other) M.D.
Address Republic Mo Date signed Apr 29 1942

1241

(Licensed Embalmer's Statement on Reverse Side)

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

39
0
0

RECEIVED

Greene County Health Office,

County File Number 42-5-46

Date Filed 5/6/47

8200 T

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.....

Licensed Embalmer No.....

P. O. Address.....

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.