

FILED NOV 9 1942

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 20

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

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town Fredericktown Mo
 (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 MO (b) County Madison
 (c) City or town Fredericktown Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 Saline
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Stephen Pinkney McAllister
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 22
 year 1942 hour 5 minute 50 a.m.
 21. I hereby certify that I attended the deceased from Sept 29
 _____, 1942, to Oct 22, 1942

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married 1 divorced married
 6. (b) Name of husband or wife Judy McAllister
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Aug 10 - 1871
 (Month) (Day) (Year)

that I last saw him alive on Oct 21, 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis 1 yr.
 Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death) 93d
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation Farmer

MOTHER FATHER {
 11. Industry or business _____
 12. Name Dmit Know
 13. Birthplace Dmit Know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Dmit Know
 15. Birthplace Dmit Know 9
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Judy McAllister
 (b) Address Fredericktown Mo
 17. (a) Burial (b) Date thereof Oct 24 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Secare Mo

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 _____

18. (a) Signature of funeral director Ed. H. Webb
 (b) Address Fredericktown Mo
 19. (a) Oct 23 1942 (b) S. C. Slaughter
 (Date received local registrar) (Registrar's name)

23. Signature William J. Nash (M. D. or other) DA
 Address Fredericktown Date signed Oct 22

RECEIVED

District Health Officer No. 3
District File Number 1122-1333
Date Filed 11-6-42

DEC 1 1942

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 John H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredricktown, 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.