

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32563

State File No.

Registration District No. 553

Primary Registration District No. 4325

Registrar's No. 14

1. PLACE OF DEATH:

**Mercer**

(a) County

**Mercer**

(b) City or town

(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

In this community

**73 yrs. II months 2 days**

years, months or days

3. (a) PRINT FULL NAME

**David Hires Alley**

3. (b) If veteran,

name war

3. (c) Social Security

No. **None**

4. Sex

**Male**

5. Color or

race **White**

6. (a) Single, widowed, married,

divorced **Widowed**

6. (b) Name of husband or wife

**Mary Alley**

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

**Nov.**

(Month)

**II**

(Day)

**1867**

(Year)

8. AGE:

Years

**73**

Months

**II**

Days

**3**

If less than one day

hr. \_\_\_\_\_ min.

9. Birthplace

**Mercer County**

(City, town, or county)

**Mo.**

(State or foreign country)

10. Usual occupation

**Railroad Worker**

11. Industry or business

**Maintenance Dept.**

12. Name

**William T. Alley**

13. Birthplace

**Ill.**

14. Maiden name

**Martha Alley**

(State or foreign country)

15. Birthplace

**Ind.**

(City, town, or county)

(State or foreign country)

16. (a) Informant

**Walter Alley**

(b) Address

**Mercer Mo.**

17. (a)

**Burial**

(Burial, cremation, or removal)

(b) Date thereof

**Oct 15/40**

(Month) (Day) (Year)

(c) Place: burial or cremation

**Alley Cemetery**

18. (a) Signature of funeral director

**Lineville Iowa**

(b) Address

19. (a)

**Oct 15-1940**

**S. T. Davis**

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.**

(b) County

**Mercer**

(c) City or town

**Mercer**

(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.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

**Oct.**

day

**13**

year **1940**

hour

minute

M.

21. I hereby certify that I attended the deceased from **Jan 12 1939**

\_\_\_\_\_ 19\_\_\_\_, to **Oct 13** 19**40**

that I last saw him alive on **Oct 13, 8:30 A.M.** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Carcinoma of Stomach 6 Months**

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

**492**

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

**Dr. R. A. Martin**

(M.D. or other)

**3**

Address

**Mercer Mo**

Date signed

**Oct 15**

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

**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

*Amos L. Grandle*

Licensed Embalmer No.

*3967*

P. O. Address

*Mercer 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, above space should be left blank.**