

Registration District No.

788

Primary Registration District No.

6028

Registrar's No.

342

## 1. PLACE OF DEATH:

- (a) County St. Genevieve  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jackson Township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Lee Alley3. (b) If veteran S.S. 492-16-6987 name war no 3. (c) Social Security No. 499-19-15624. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife May C. Alley 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased August 10-1877  
(Month) (Day) (Year)8. AGE: Years 63 Months - Days 21 If less than one day hr. min.9. Birthplace Caldwate - Wayne Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer - Laborer

## 11. Industry or business

MOTHER FATHER  
 12. Name Carol Alley  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Julia Sawyer  
 15. Birthplace about Knaw  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. Alley(b) Address Farmington Mo.17. (a) Burial (b) Date thereof Sept 2-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fredericktown Mo.18. (a) Signature of funeral director Ed. Wehler(b) Address Fredericktown Mo.19. (a) Sept 5/40 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Genevieve  
 (c) City or town Rural Jackson Twp  
 (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 Aug. day 31  
year 1940 hour 9.1 minute 55 P.M.21. I hereby certify that I attended the deceased from Aug 18  
1940, to Aug 21, 1940  
that I last saw him alive on Aug 21, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Bacteria - Sclerosis - with hypertension Duration 6 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Hemiplegy 3 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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?  
706 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_

23. Signature Arthur S. Seaman (M. D. or other) M.D.  
Address St. Genevieve Mo Date signed 9-4-40

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**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 Ed. H. Webb

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick Township

**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.**