

Registration District No. **1041394**

Primary Registration District No. **4550**

Registrar's No. **2**

900  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Purcell  
(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 1  
(Specify whether)

In this community 5 weeks  
years, months or days

3. (a) PRINT FULL NAME JOHN HENRY ALYEA

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Luisa Aleya

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: September 23 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 25  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown  
(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 Harvey Aleya

(b) Address Purcell, Mo.

17. (c) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 31 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knee Mortuary

(b) Address Carthage, Mo.

19. (a) Jan. 20 1941 (Date received local registrar)

(b) Thelma Hogan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **49**

(a) State Missouri (b) County Jasper

(c) City or town Purcell  
(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 Jan day 15  
year 1941 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Jan 17, 1941 that I last saw him alive on Jan 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to heart failure of hypertensive

Other conditions (Include pregnancy within 3 months of death) 435

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? 300  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. J. Hogan (M. D. or other) \_\_\_\_\_  
Address North City, Mo. Date signed Jan 20 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-2100

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John D. Patchelder*

Licensed Embalmer No. 4153

P. O. Address Carthage Missouri

**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.**