

STANDARD CERTIFICATE OF DEATH

19618

17321

State File No.

565

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 923 Robidoux St. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME John Henry Aley

3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Mary Ellis Aley 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 24 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Retail Grocer

11. Industry or business

12. Name Geo W. Aley
13. Birthplace Luxemburg Germany (City, town, or county) (State or foreign country)
14. Maiden name Calitha Hayes
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John H. Aley

(b) Address 923 Robidoux, St. Joseph

17. (a) removal (b) Date thereof 5-29-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marquette Mo

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marionville Mo

19. (a) May 29-1941 (b) J. H. Mitchell (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 923 Robidoux 7 (If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 8 am minute 20 A.M.

21. I hereby certify that I attended the deceased from March 3 1940 to May 29 1941; that I last saw him alive on May 29 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency Duration unknown

Due to Chronic Hypertension 11

Due to — 12

Other conditions — (Include pregnancy within 3 months of death) A34

Major findings: Of operations —

Of autopsy none 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? 85 (Specify type of place) (e) Means of injury —

23. Signature Gustav P. Tan (M. D. or other) Am d
Address 1014 Patrick Bldg. St. Joseph Mo Date signed 5/29/41

JUN 27 1941

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.....

Clim M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Mayville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.