DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1941

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34156

Primary Registration District No. 202

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Bolckow (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 years, months or days) In this community: 67 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew

(c) City or town: Bolckow (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.? 0 years.

3. (a) PRINT FULL NAME: Effie Aley

3. (b) If veteran, name war: ----

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Robert Aley

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Nov (Month) 19 (Day) 1873 (Year)

8. AGE: Years 67 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Nodaway County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: at home

11. Industry or business: _____

MOTHER FATHER

12. Name: Joseph Ellis O'Neal

13. Birthplace: un known (City, town, or county) Wisconsin (State or foreign country)

MOTHER

14. Maiden name: Katherine Peck

15. Birthplace: un known (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Robert Aley

(b) Address: Bolckow Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 9 (Month) 16 (Day) 1941 (Year)

(c) Place: burial or cremation: Bolckow

18. (a) Signature of funeral director: E. E. Breit

(b) Address: Savannah Mo

19. (a) 9/20 (Date received local registrar) (b) W. Wood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Sept 14, 1941, that I last saw her alive on Sept 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of brain

Due to: _____

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: Of operations _____ Of autopsy _____

Duration

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? (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: W. Logan Wood (M. D.)

Address: Bolckow, Mo Date signed: 9/16-41

(Licensed Embalmer's Statement on Reverse Side)

CORD

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34156

Registration District No. 2 Primary Registration District No. 202 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Andrew
(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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Effie Aley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov 19, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of Brain — Duration
Due to: No Autopsy made, but
Due to: would judge it benign.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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