

FILED FEB 18 1942
Registration District No. **025**

Primary Registration District No. **3031**

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Marionville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 925 N. Main (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 22 yrs years, months or days

3. (a) PRINT FULL NAME Rosetta Aley

3. (b) If veteran, name war no

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 George Washington Aley

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Mar 28 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 7 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Weddle

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Celia unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Aley

(b) Address Marionville Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Jan 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

(b) Address Marionville Mo

19. (a) Jan-19-42 (Date received local registrar)

Mamie E. Clardy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway

(c) City or town Marionville (If outside city or town limits, write "RURAL")

(d) Street No. 925 N. Main (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1942 hour 5 minute 9 P. 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 _____

Choked Hemorrhage (Thrombosis)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: _____

Of operations _____

Carcinoma

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature W.R. Johnson (M. D. or other)

Address Marionville, Mo. Date signed 12-19-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Clara M. Price

Licensed Embalmer No. *1822*

P. O. Address *Mayfield, 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.