

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 5 1942

Registration District No. 142

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5209

State File No. 6256

Registrar's No. 49

1. PLACE OF DEATH:

(a) County **Carter**  
(b) City or town **Rural**  
(c) Name of hospital or institution  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora Belle Alley**

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 **Married**  
6. (b) Name of husband or wife **Lee Alley** 6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **4 1 1886** (Month) (Day) (Year)

8. AGE: Years **55** Months **##6** Days **21** If less than one day hr. min.

9. Birthplace **Carter County Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jim B. Snider**  
13. Birthplace **Carter County Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Edward**  
15. Birthplace **Carter County Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lee Alley**  
(b) Address **Fremont Mo.**

17. (a) **Pleasant Site** (b) Date thereof **Oct. 24-41**  
(Burial, funeral, removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Pleasant Site Cemetery**

18. (a) Signature of funeral director **James D. Schupp**  
(b) Address **Van Buren Mo.**

19. (a) **10-24-41** (b) **James D. Schupp**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Carter**  
(c) City or town **Rural**  
(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 **10** day **22**  
year **1941** hour **7** minute **30 P.**

21. I hereby certify that I attended the deceased from **Sept. 2,**  
**1941** to **Oct. 22nd,** **1941**  
that I last saw her alive on **Oct. 22nd 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **1886 Chronic Myocarditis,**  
**1886**

Due to **Rheumatism**

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **952**  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature **J. M. Collins** (M. D. or other)  
Address **Van Buren, Mo.** Date signed **10-24-41**

RECEIVED

District Health Officer No. 5,

District File Number 242271

Date Filed                     

---

---

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 10-2241

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

Signed Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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, above space should be left blank.