

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11350  
State File No. \_\_\_\_\_  
Registrar's No. 8

FILED APR 24 1942

Registration District No. 553

Primary Registration District No. 4325

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Mercer Mo  
(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)  
In this community all his life years, months or days

3. (a) PRINT FULL NAME Nadley J. Alley  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maggie M. Alley  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Feb 19 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Lumber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Abigail A. Alley  
13. Birthplace Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Rachel Talbot  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Miss Rachel Alley  
(b) Address Mercer Mo

17. (a) Burial (b) Date thereof Jan 19 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Paul Moss

(b) Address Princeton Mo

19. (a) 1/23/42 (b) Jerry Alley (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer  
(c) City or town Mercer Mo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (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 18 year 1942 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 1940 to Jan 18 1942  
that I last saw him alive on Jan 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 hrs

Due to Chronic Bronchopneumonia  
Due to respiratory

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?

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

23. Signature Dr. Brackett (M. D. certifying)  
Address Mercer Mo Date signed 1-21/42

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

**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 Mr.

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

Signed.....

*Harl Snook*

Licensed Embalmer No. 2634

P. O. Address Clinton, 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.**