

FILED APR 24 1942

Registration District No. 51813

Primary Registration District No. 4328

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether)
In this community all her life
years, months or days

3. (a) PRINT
FULL NAME

Margaret A. Alley

3. (b) If veteran,

name war No

3. (c) Social Security

No. NO

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
(b) Name of husband or wife 2
(c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 1, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Lewis Girdner
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Wilmers
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Lindsay
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Jan. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director Hall
(b) Address Princeton, Mo.

19. (a) 1-12-42 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1942 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 7 to Jan 8, 1942
that I last saw her alive on Jan 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration

Due to

Due to

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) 926
(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 E. H. Hagg MD (M. D. or other)

Address Princeton, Mo. Date signed 1/12/42

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 me

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

Signed

Paul Gross

Licensed Embalmer No.

2634

P. O. Address

Union M

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.