

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11351

State File No. ....

Registrar's No. 6

FILED APR 24 1942  
Registration District No. 51843

Primary Registration District No. 4328

1. PLACE OF DEATH: Mercer  
(a) County.....  
(b) City or town. Princeton, Mo.  
(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.....  
In this community all her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 065  
(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

3. (a) PRINT FULL NAME Margaret A. Alley  
(b) If veteran, name war No  
3. (c) Social Security No. NO

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, 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.

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

Immediate cause of death.....  
Mitral Insufficiency  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings: Of operations.....  
Of autopsy.....

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.

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
928

9. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife  
11. Industry or business.....  
12. Name Lewis Girdner  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Wisconsin  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
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)

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 E. H. Hoag M.D. (M. D. or other)  
Address Princeton, Mo. Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

5-1-0

**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 Juncton Ma

**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.**