

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11352

FILED APR 24 1942

Registration District No. 553

Primary Registration District No. 4325

Registrar's No. 9

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 **1**
(Specify whether
In this community **85 years 6 months 22 days**
years, months or days)

3. (a) PRINT FULL NAME **Mary Griffin Alley**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Don L. Alley**
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 1, 1856**
(Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **22**
If less than one day **hr. min.**

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

10. Usual occupation **Housekeeper**

11. Industry or business **Own Home**

MOTHER FATHER { 12. Name **Samuel Barton Gann**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Newlin**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. Blake Forsha**
(b) Address **R. C. Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 27, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Girdner Cemetery, Mercer Co.**

18. (a) Signature of funeral director **O. O. Greulke**

(b) Address **Lineville Iowa**

19. (a) **1/26/42** (b) **Jessie Alley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**
(c) City or town **Mercer**
(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 **23**
year **1942** hour **7** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Jan 9**
71 19**42** to **Jan 20** 19**42**
that I last saw her alive on **Jan 15** 19**42**
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial Infarction** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(Specify type of place)

While at work (e) Means of injury

23. Signature **E. W. Stacy M.D.** (M. D. or other)

Address **Conestoga Mo.** Date signed **1/26/42**

(Licensed Embalmer's Statement on Reverse Side)

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 _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.