

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41349**

Registration District No. **210**

Primary Registration District No. **5771**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Rural Near Mercer Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Mercer County Missouri**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **69 years** (Specify whether years, months or days)
In this community **69 years**

3. (a) PRINT FULL NAME **Thos. Horatio Alley.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Elizabeth Abby** 6. (c) Age of husband or wife it **42** years
7. Birth date of deceased **June 4, 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **4** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Own farm**

12. Name **Horatio Alley**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Colia Fugit**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Alley**

(b) Address **Mercer Mo.**

17. (a) **Burial** (b) Date thereof **Dec 20, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Middlepoint Cemetery**

18. (a) Signature of funeral director **J. J. Greenlee**

(b) Address **Ingerville Iowa**

19. (a) **12/22/42** (b) **James 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 **Rural Near Mercer Missouri**
(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 **Dec** day **18**
year **1942** hour **11 AM** minute M.

21. I hereby certify that I attended the deceased from **Nov 26** to **Dec 18**
that I last saw him alive on **Dec 13** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration

Due to **Hypertension**

Due to **83a**

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?

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

23. Signature **J. E. Roy** (M. D. or other)
Address **Ingerville Ia** Date signed **Dec 22, 1942**

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

Amos L Greenlee

A. E.
Registered Apprentice No. *3967*

working under my personal supervision.

Signed

A. L. Greenlee

Licensed Embalmer No.

872

P. O. Address

Lincoln, Iowa

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.