

FILED JUN 24 1944
Registration District No. **42**

Primary Registration District No. **5134**

Registrar's No. **622**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town "Rural" - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 miles East on #36
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Flag Springs
(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 _____

3. (a) PRINT FULL NAME MARY BELLE ALLEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour _____ minute 9 PM M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph S. Alley

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 23 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1
1943 to June 20 19 44

that I last saw er alive on June 16 19 44
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>1</u>	<u>27</u>	hr. _____ min.

Immediate cause of death carcinoma of bowels Duration 2 yrs

9. Birthplace unknown | Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Zacheriah Hall

13. Birthplace unknown | Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Grider

15. Birthplace unknown | Kentucky
(City, town, or county) (State or foreign country)

Major findings: H6

Of operations _____

Of autopsy _____

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

16. (a) Informant Mr. James Hall

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 6/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Flag springs, Mo.

18. (a) Signature of funeral director Nealon Beckle & Bowman

(b) Address 319 South 10th

19. (a) 6/21/44 (b) Nealon J. Beckle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Arthur H. Kelley (M. D. or other)
Address Savannah, Mo. Date signed 6/21/44

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

JUL 19 1944

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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

Frank A. Guanno

Licensed Embalmer No. _____

1710

P. O. Address _____

St Joseph

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.