

FILED JUL 24 1944
Registration District No. 270

Primary Registration District No. 4321

Registrar's No. 47

1. PLACE OF DEATH:
Mercer County
(a) County
(b) City or town: Mercer, 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 his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
Missouri Mercer 65
(a) State (b) County
(c) City or town: Mercer, Mo. 0
(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: no

3. (a) PRINT FULL NAME: Thomas E. Alley
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8 year 1944 hour 6 minute A M.

4. Sex: male race: white
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mollie Alley
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: February 25, 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6, 1944, to June 8, 1944, that I last saw him alive on June 8, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75	3	14	hr. min.

Immediate cause of death: dysentery 3 days
Due to: _____
Due to: general debility

9. Birthplace: Missouri (City, town, or county)
10. Usual occupation: carpenter and painter

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Of operations: JMC
Of autopsy: _____

MOTHER FATHER

11. Industry or business: _____
12. Name: Willaim T. Alley
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Alley
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Mollie Alley
(b) Address: Mercer, Mo.

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) (or Means of injury)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Alley Cemetery
18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo.
19. (a) 6/10/44 (Date received local registrar) (b) Evan Martin (Registrar's signature)

23. Signature: [Signature] (M. D. or other)
Address: Princeton Date signed: 6-8-44

Physician: _____
Underline the cause to which death should be charged statistically.

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

5050

1367

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 Holl Moss

Licensed Embalmer No. 2634

P. O. Address Sumner Mo

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.