

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

24472

FILED AUG 14 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Princeton, 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 no (Specify whether

In this community all her life
years, months or days)

3. (a) PRINT
FULL NAME

Mary J. Alley

3. (b) If veteran,
name war no

3. (c) Social Security
No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife James P. Alley 6. (c) Age of husband or wife if

alive 87 years

7. Birth date of deceased July 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 21 hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Lafayette Wells

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hart

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Alley

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof July 12, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alley

18. (a) Signature of funeral director Paul Taylor

(b) Address Princeton, Mo.

19. (a) 7-11-45 (b) Don Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

(c) City or town princeton, Mo
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10 to July 10, 1945
that I last saw her alive on July 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis + mitral regurgitation
acute nephritis

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?

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

23. Signature Don Martin (M. D. or other) Date signed 7/11-45

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 2634

P. O. Address Durham, N.C.

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.