Registrated No. Primary Registration District No. 4. P. Registrate's No. 4. 1. FLACE OF DEATH: (2. County, Mercer County) (3. County, Mercer County) (4. Nume of hospital or institutions in the street and the beating) (5. Nume of hospital or institutions in 10 (6. Length of stay: In hospital or institutions in 10 (7. Length of stay: In hospital or institutions in 10 (8. State M 188 OUT 1 (b) County, Mercer (c) (9. Citteen of foreign country) (1. Citteen of foreign country) (2. DATE OF DEATH) (3. O) FRIVET Mary J. Alley (4. Sex female	'. S. No. 2	DEPARTMENT OF COMMERCE THE STATE BOARD OF H	HEALTH OF MISSOURI	72
Registration District No		BURRAU OF THE CENSUS AND AND AND CERTIFICATE OF DEATH State File No		
(c) County. Mercer County (d) City or town. Princeton, Mo (e) Length of stay: In hospital or institution. In O (f) Length of stay: In hospital or institution. In O (g) Length of stay: In hosp	25°1 X37823	Registration District No. 2/0 Primary Registration District	t No. 4322 Registrar's No. 4	
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(If serial hospitation institution, with attest and the content of	"/ ଧୁ	(If outside the two limits write "RURAL" and name of township) (c) Name of hospital or institution:		
(c) Length of stay: In hospital or institution. NO In this community. all her life (Specify whether parts, monitor or days) 3. (a) PRINT Mary J. Alley FULL NAME 3. (b) If veteran,				, Q
3. (b) If veterns, name war. No. No. No. No. No. No. No. No. No. N	人 見	II	(If rural, give location)	Δ
3. (b) If veteran, name war. No. No. No. No. No. No. No. No. No. N			(e) Citizen of foreign country?	(Yes or No)
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No			20. DATE OF DEATH: Month May day	
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[/3/7 (Licensed Embalmer's Stat	tement on Reverse Side)	//

STATEMENT BY LICENSED EMBALMER

	STATEMENT BY LICENSED EMBALMER	1
I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me, or b	The :
Thereby certify (nat the body whose name is	, Registered Apprentice No	
working under my personal supervision.		
	Signed Hail Moh	
•	Licensed Embalmer No. 2	534

P. O. Address Carrier P. O. Address Carrier

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)