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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1946

State File No. 6592

Registration District No. 251 Primary Registration District No. 3648 Registrar's No. 37

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

5551

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (If outside city or town limits, write "RURAL") 2

(d) Street No. 303 W. Thompson St. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Aley

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male 7

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Rosetta Aley

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

7. Birth date of deceased July 19 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Insurance salesman

11. Industry or business

FATHER
12. Name Goerge Aley
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tellatha Jane Hayes
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Donald Price

(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral home

(b) Address Maryville Mo

19. (a) Feb 22-46 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb 18, 1946 to —, 19..; that I last saw him alive on Feb 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W R Jackson (M. D. or other)

Address Maryville, Mo. Date signed 2-19-46

229

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W L Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.