

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1946

State File No. 27540

Registration District No. _____

Primary Registration District No. 5592

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hematite
(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 _____ (Specify whether)
In this community 12 days (years, months or days)

3. (a) PRINT FULL NAME

Everett William Aly

3. (b) If veteran, name war No

3. (c) Social Security

No. 491-18-4501

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred Aly Nee McEuen

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Aug 18 1908
(Month) (Day) (Year)

8. AGE:

Years 37

Months 11

Days 26

If less than one day
____ hr. ____ min.

9. Birthplace

Blackwell

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Section Laborer

11. Industry or business

Railway Maintenance

12. Name

Ernest Aly

13. Birthplace

Blackwell

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Ethel Mink

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mildred Aly

(b) Address

Hematite, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Aug 12. '46

(Month) (Day) (Year)

(c) Place: burial or cremation

Blackwell Mo Cem

18. (a) Signature of funeral director

Festus, Mo.

(b) Address

19. (a) Aug 12 1946

(Date received local registrar)

(b) Charles Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Hematite
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1946 hour 3:10 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Natural Causes
Superinduced by heat
Heat caused by heat

Due to _____

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? 3

While at work? _____

(Specify type of place) (e) Means of injury Coroner
23. Signature P. B. Edwards (M. D. or other) _____
Address Edwards Mill. Co. Date signed 8/9/46

142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-176
Date Filed 8-17-46

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.....

H. W. [Signature]

Licensed Embalmer No. 3010

P. O. Address.....

Getas 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.