

FILED OCT 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210

Primary Registration District No. 4321

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Mercer
(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

3. (a) PRINT FULL NAME William H. Alley

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Alley 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 10, 1884 (Year)

8. AGE: Years Months Days If less than one day
62 5 5 hr. min.

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

10. Usual occupation merchant

11. Industry or business _____

12. Name John H. Alley 13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Carpenter 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Grace Alley (b) Address Mercer, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Early

18. (a) Signature of funeral director Noel Moss (b) Address Princeton, Mo

19. (a) 9-19-46 (Date received by registrar) (b) John Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Mercer (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 Sept day 15 year 1946 hour 8 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 4 to Sept 16 that I last saw him alive on Sept 13 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 470
Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature D E Loyd M.D. (M. D. or other)
Address Lamarville, Mo Date Sept 16 46

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 ME
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.