. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5988 1786

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

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

(d) Street No. R.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rachel Tennessee Alley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Monroe Alley

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

7. Birth date of deceased June (Month) 20 (Day) 1866 (Year)

8. AGE: Years 81 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Andy Vallace

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

14. Maiden name Rachel White

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

16. (a) Informant Homer Alley

(b) Address Licking, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation Licking, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 21 1948 (Date received by registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 8, 1947, to Feb 19, 1948, that I last saw him alive on Feb 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Inoperable Carcinoma of breast with pulmonary metastasis	3 yrs?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause of 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

23. Signature Roland Stuffer (M. D. or other)

Address 4500 Olive Date signed 2/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

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.....Elmo R. Padwell.....

Licensed Embalmer No.....4077.....

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.