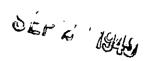
o. 3 00	GIED OCO DO	1010		HEALTH OF MISSOURI		31095	
0.48	FILED SEP 28 1949 STANDARD CERTIFICATE OF DEATH					OTOOO	
7	BIRTH NO		REG. DIST. NO. 2/6	_ PRIMARY REG. DIST. NO.	Registrar's N.		
~ K	1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE	(Where deceased lived. If i	nstitution: residence before	
1				a. STATE Mo.	b. COUNTY ME	ercer Admission).	
\$5	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF			F c. CITY (If outside corporate i	c. CITY (If outside corporate limits, write BURAL and give township)		
_	TOWN Mercer township) STAY (in this place) 87 years			TOWN Mercer			
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Own Home in Mercer Mo.			d. STREET (II n ADDRESS	aral, give location)		
E E	3. NAME OF a. (I	First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
		uisa	Francie	Alley	OF DEATH Sept.	18, 1949	
E	5. SEX : 6. COLO	OR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH	9, AGE (In years) IF UND	ER I YEAR OF UNDER 44 HES.	
PERMANENT	Female / White		Widowed Widowed	Febr. 8, 1862	last birthday) Month	Days Hours Min.	
3	10a. USUAL OCCUPATION (Give kind of work		10b. KIND OF BUSINESS OR I	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT	
ER	done during most of working life, even if retired) Housekeeper		Own Home DUSTR	Mercer County,	- ·	COUNTRY?	
2	13a. FATHER'S NAME		13b. MOTHER'S MAID		NAME OF HUSBAND OR WI		
- ▼	William McHargue		Nancy J. Si		ames T. Alley		
ы				<u> </u>		100000	
ΔK	(Yes, no, or unknown) (If yes, give war or dates of service) NO.			0.1	2 7/4	ADDRESS	
¥		<u> </u>	· '		my M	ercer, mo,	
	18. CAUSE OF DEATH	NISEASE OR CO		CERTIFICATION	- ر-	INTERVAL BETWEEN ONSET AND DEATH	
2	Enter only one cause per Dii	RECTLY LEAD	ONDITION ING TO DEATH*(a)	rescardo 1	<i>Ţ-</i>	6.2110	
<u>_</u>	ANTECEDENT CAUCES						
5	TIAL COST NOT MEAN			Hueral De	our	2019 PM	
as heart fathure, asthenia, rise to the above cause (a) stating					. 7		
F.	etc. It means the dis-	· Ladersying caa	DUE TO (c)				
S		OTHER SIGNIF	ICANT CONDITIONS				
10	Conditions contrib		uting to the death but not se or condition causing death.			1922	
UNFADING			DINGS OF OPERATION		· · · · · · · · · · · · · · · · · · · 	20. AUTOPSY?	
E	TION I		,	-		YES NO	
31			21b. PLACE OF INJURY (a.g., in or abo	ut 21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)		
Ç	21a. ACCIDENT (Speci SUICIDE HOMICIDE		home, farm, factory, street, office bldg., et	at 210. (CITT, 10 MI, OK 10 MI	ain' ((cookin)	, , ; ; (orning ,	
USING		<u> </u>	- La HUNN OCCUPE	and How Dip Indiany occur			
Ρ	Zid, TIME (Month) (De OF	ay) (Year) (l	Eour) 21e, INJURY OCCURREI WHILE AT NOT WHILE	211. HOW DID INJURY OCCU	Kr		
Ţ	INJURY MORK AT WORK						
PLAINLY	22. I hereby certify that I attended the deceased from, 1947, to Second 1949, that I last saw the deceased						
	alive on	19	_, and that death foccurred of	uhm., from the bar	uses and on the date star	ted above.	
Ţ	23a. SIGNATURE	12- J. ((Degree or title	23b. ADDRESS		23c. DATE SIGNED	
- II			hell sun	1 / Sauce	elder	9-20-69	
WRITE	24a. BURIAL, CREMA- 2	D. DATE	240. NAME OF CEMET	ERY OR CREMATORY 24d. L	OCATION (City, town, or con	nnty) (Scate)	
Ę	TION REMOVAL (Breelfy) S	ept. 20	,1949 Alley Cer	metery Me	rcer County	Mo •	
=		EGISTRAR'S S				ADDRESS .	
	9-24-859	M. S. Kutho Vine & Spiente					
<u>[1</u>	(Licensed Embalmer's Staffement on Reverse Side)					•	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this ce	rtificate was embalmed by me, only
	Student Embalmer No

working under my personal supervision.

Signed Times L. Treenless

Student Embalmer No. 3967.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

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