

FILED JUL 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 767

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wincoett Nursing Home 914 No. 3rd St.		d. STREET ADDRESS (If rural, give location) 914 No. 3rd.	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Sheets c. (Last) Alley		4. DATE OF DEATH (Month) July (Day) 14, (Year) 1951	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 5, 1862
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill Opr.	
11. BIRTHPLACE (State or foreign country) N. Carolina		12. CITIZEN OF WHAT COUNTRY? Am. USA	
13a. FATHER'S NAME Thomas Alley		13b. MOTHER'S MAIDEN NAME Harriet Sheets	
14. NAME OF HUSBAND OR WIFE Lavina		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME L.R. Alley 518, No. 19	
18. DATE OF OPERATION 1951		19. MAJOR FINDINGS OF OPERATION 491X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-17-1951, to 7-14-1951, that I last saw the deceased alive on 7-3-1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.		23. SIGNATURE Allen Adelman M.D.	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		25. FURNERAL DIRECTOR'S SIGNATURE Victor Barry & Son, Inc.	
26. DATE REC'D BY LOCAL REG. July 23, 1951		27. REGISTRAR'S SIGNATURE Carl C. Carter	
28. NAME OF CEMETERY OR CREMATORY Flag Springs		29. LOCATION (City, town, or county) Union Star, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Victor Barry*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4212*

P. O. Address.....

*St Joseph 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.