

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 1 day
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
City or town Portageville mo
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Maurice Alley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 20
year 48 hour 9 minute 15 A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31, 1928
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/19, 1948, to 11/20, 1948;
that I last saw him alive on 11/20, 1948,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
12 5 19 hr. _____ min. _____

Immediate cause of death Perforated Peptic Ulcer
Due to Pan Ruptured Appendix (Unoperated)
Duration 3 day

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

Other conditions (Include pregnancy within 3 months of death) 59

10. Usual occupation Student

11. Industry or business _____
12. Name Gus F. Alley
13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Marjorie Bowen
15. Birthplace Mound City Ill
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Gus Alley
(b) Address Portageville mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 11-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Mounds Park

(e) Means of injury _____
While at work? _____

18. (a) Signature of funeral director Wassil Funeral Home
(b) Address Portageville mo

23. Signature D. B. E. lead (M. D. or other) _____
Address _____ Date signed _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

DEC 21 1948

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

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 _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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
In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maurice Alley
(b) If veteran, name war
(c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased May 31 1929
(Month) (Day) (Year)

8. AGE: Years 12 Months 5 Days 19 If less than one day hr min

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

10. Usual occupation Student

11. Industry or business

12. Name Gus F Alley

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

14. Maiden name Wimpfred Barton
15. Birthplace Mound City Illinois
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Gus Alley
(b) Address Postageville Mo

17. (a) Burial (b) Date thereof 11-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park
(Specify type of place)

18. (a) Signature of funeral director DeWitt Funeral Home
(b) Address Postageville Mo

19. (a) 1-29-41 (b) jm Registrar's signature
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County W m
(c) City or town Postageville
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

20. DATE OF DEATH Month 11 day 22
year hour minute M.

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

Immediate cause of death Diabetes

Due to Ruptured appendix

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) (c) Means of injury

23. Signature D B Elrod (M. D. or other)
Address Date signed

TEMPORARILY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

