

**FILED** JAN 5 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **5573**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **Grain Valley, Mo. (Outside city or town limits, write "RURAL" and name of township)**

(c) Name of hospital or institution: **Rail R. Crossing 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **4. yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Oak Grove Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8 mi. n. west**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James A. Alley**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MO**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fern**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **NOV 10 - 1905**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>40</b>	<b>1</b>	<b>14</b>	hr. _____ min. _____

9. Birthplace **Taney MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **Farmer**

12. Name **Tom T. Alley**

13. Birthplace **Oak Grove, Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hutchens**

15. Birthplace **Oak Grove Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fern Alley**

(b) Address **Oak Grove Mo R.F.D.**

17. (a) **Burial** (b) Date thereof **12-16-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leo Summit Mo**

18. (a) Signature of funeral director **Wm. B. Umbreit**

(b) Address **Blue Spring Mo**

19. (a) **12-24-45** (b) **M. W. John Lawson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **14**  
year **1945** hour **9:45** minute **9** M.

21. I hereby certify that I attended the deceased from **1905** 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fractured neck + skull crushed chest + pelvis**  
Due to **Fracture left arm + Right leg**  
Due to **Rail Road Trauma**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: **see permit + History + report**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 1st**

(b) Date of occurrence **12-14-45**

(c) Where did injury occur? **Grain field Jackson Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**

While at work? **no** (Specify type of place) (e) Means of injury **R.R. + auto**

23. Signature **James Clifton** M. D. or other \_\_\_\_\_  
Address **1424 Prof. Bldg** Date signed **12-15-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 RB Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.**