

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38876

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Audrain Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT
FULL NAME

Thomas Wayne Alvis
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Jan 6 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Audrain Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Chas S Alvis

13. Birthplace Boone Co., MO
(City, town, or county) (State or foreign country)

14. Maiden name Adelle R Long

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

16. (a) Informant's signature Chas Alvis

(b) Address Centralia MO R.R.D

17. (a) Burial (b) Date thereof 11/6-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo. Cem

18. (a) Signature of funeral director W. McDonald

(b) Address Centralia MO

19. (a) Nov 5-39 (b) Blanche Heely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Centralia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) R.R.D # 4
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1939 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 4, 1939, to Nov. 4, 1939
that I last saw him alive on Nov. 4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death compression fracture
vertebral bone
Due to injury received 2 hrs
by collision train & car
Due to _____

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

Major findings: compression
Of operations fracture vertebral area
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11/4/39 2 P.M.

(c) Where did injury occur? Centralia Boone Co.
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W. McDonald (M. D. or other) _____

Address Mexico, MO Date signed 11/7/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2125

Date Filed DEC. 8 1939

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, above space should be left blank.