

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19188

Registration District No. 1024

Primary Registration District No. 6088

Registrar's No.

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 6 yrs - 10 mo. - 7 days
years, months or days

3. (a) PRINT FULL NAME

ALVA Austin

3. (b) If veteran,
name war ✓

3. (c) Social Security
No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
alive ✓ years
7. Birth date of deceased Aug 5 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 10 7 hr. ✓ min.

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

10. Usual occupation none

11. Industry or business

12. Name Alva Ray Austin
13. Birthplace Carl Junction MO
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Wilkes
15. Birthplace Camp Point, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Ray Austin
(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof June 14 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director E. P. Thompson

- (b) Address Shelbyville, Mo.

19. (a) June 13 - 1941 (b) Mrs. C. E. Musgrove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County SHELBY
(c) City or town SHELBYVILLE
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 6
1941, to June 12, 1941;
that I last saw him alive on June 12, 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death CONVULSIONS
and meningitis
following measles
Due to _____
Due to _____
Other conditions 25
(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?
752 (Specify type of place) _____
While at work? (e) Means of injury 2

23. Signature Howard U. Cuthbert (M. D. or other) D.O.
Address Bethel Mo Date signed June 12, 41

(Licensed Embalmers' Statement on Reverse Side)

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

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.....

E. P. Thompson

Licensed Embalmer No. *1632*

P.O. Address *Shelbyville, 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.

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25858

State File No. _____

Registration District No. 831

Primary Registration District No. 6092

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville - Rural
(c) Name of hospital or institution: Black Creek Ten.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 yrs - 10 mo - 7 days
years, months or days

3. (a) PRINT FULL NAME

ALVA AUSTIN

3. (b) If veteran, name war _____

3. (c) Social Security No. 1

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Aug 5 1935
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>10</u>	<u>17</u>	<u>1 hr 12 min</u>

9. Birthplace

Shelby Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

none

11. Industry or business

12. Name Alva Ray Austin

13. Birthplace Carl Junction Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Wilkes

15. Birthplace Carl Junction Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Ray Austin

(b) Address Shelbyville, Mo

17. (a) Burial (b) Date: thereof June 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo

19. (a) Aug 9 1941 (b) Carl Go
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Shelbyville - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 6
1941 to June 12, 1941
that I last saw him alive on June 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death convulsions
and meningitis
following measles

Due to _____

Due to 35

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration
8 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature Howard V. Dutton (M. D. or other) D.O.

Address Bethel Mo. Date signed 6/12/41

70 (Licensed Embalmer's Statement on Reverse Side)

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

S-19188 : 1941

RECEIVED

District Health-Officer No. 10

District File Number

8-41-1552

Date Filed

AUG 20 1941

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

E. P. Thompson

Licensed Embalmer No.

1632

P. O. Address

Shelbyville, Ky.

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.