

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED MAY 4 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15196
Do not use this space. 8/0

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 1-90
 (b) Township Spring Creek Primary Registration District No. 1-1-1
 (c) City or City (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BENEDICT JOSEPH ALVEY
 (a) Residence, No. Rural St. (If nonresident, give city or town and State)

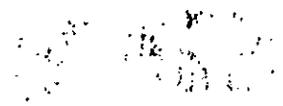
PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Alvey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1854
 7. AGE YEARS 87 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 1-3-42 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Mo.
 FATHER 13. NAME Joseph Alvey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 MOTHER 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 17. INFORMANT Edmer Alvey
 (ADDRESS) Beulah, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah DATE Mar 30, 1942
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Walker
 20. FILED 4-29-42 1942. W. H. Walker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1942
 22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1942 to Mar 28, 1942
 I last saw him alive on Mar 12, 1942 Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Nephrotic Crisis Date of onset 1940
 Other contributory causes of importance: 1/21/42
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Walker M. D.
 (Address) Beulah, Mo.

MAY 9 1962



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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert E. Ferguson
Licensed Embalmer No. 3945
P. O. Address Licking 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, above space should be left blank.