

S. No. 2  
M-2-43  
5-17-33  
1 X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32276

State File No. \_\_\_\_\_

FILED OCT 13 1943 274

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 288

1. PLACE OF DEATH:  
 (a) County Pettis  
 (b) City or town Sedalia, Missouri (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Rural 1506 W. 11th Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether  
 In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Texas (b) County Unknown 999  
 (c) City or town Menard 41  
(If outside city or town limits, write "RURAL")  
 (d) Street No. P. O. Box #11 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country - - 2

3. (a) FULL NAME Alvin Y. Tillman, Jr. A.S.N.  
0-66933  
 3. (b) If veteran, World War 3. (c) Social Security  
 name war #2 No. Unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 5th  
 year 1943 hour 11:00 minute P. M.  
 21. I hereby certify that I attended the deceased from Never  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on Never \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White  
 race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Isabelle Tillman 6. (c) Age of husband or wife if  
 alive 21 years  
 7. Birth date of deceased January 10, 1922  
(Month) (Day) (Year)

Immediate cause of death Fracture of skull,  
compound, comminuted  
 \_\_\_\_\_  
 \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
21 7 26 - hr. - min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
113-6  
34

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

Other conditions Crushed chest, multiple  
fractures of extremities  
(Include pregnancy within 3 months of death)

10. Usual occupation Soldier

11. Industry or business U. S. Army  
 12. Name Alvin Y. Tillman  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: None performed  
 Of operations \_\_\_\_\_  
 Of autopsy None performed  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Army Records  
 (b) Address - - -

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Airplane accident  
 (b) Date of occurrence 11:00 P.M. Sept. 5, 1943 181

17. (a) Removal (b) Date thereof 9/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clarksville Texas

(c) Where did injury occur? (Rural) Sedalia, Pettis, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
During aircraft flight.

18. (a) Signature of funeral director Gillespie Funeral Home  
 (b) Address Sedalia, Mo.

While at work? Yes (Specify type of place)  
 (e) Means of injury Plane crash

19. (a) 9/7/43 Imo Anna Berger  
(Date received local registrar) (Registrar's signature)

23. Signature Carl Doring (M. D. or other) M.C.  
 Address Sedalia Army Air Field,  
Warrensburg, Missouri Date signed 9/7/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. B.

District File Number

Date Filed

10-12-43

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 Geo. D. Belland

Licensed Embalmer No. 3868

P. O. Address Subalia

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.