

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10461**  
Registrar's No. **276**

FILED APR 10 1944

Registration District No. **7/2**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Between 7+8 in alley south of Edmond st.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community **most of life**  
years, months or days

3. (a) PRINT  
FULL NAME

**Alva Mead**

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **487-09-12**

4. Sex **male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Lillian** 6. (c) Age of husband or wife if  
alive **37** years

7. Birth date of deceased **Jan 16 1906**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**38 2 2** hr. min.

9. Birthplace **Buchanan Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **City Policeman**

11. Industry or business **City of St. Joseph Mo.**

12. Name **William Mead**

13. Birthplace **W. Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Cross**

15. Birthplace **Buchanan Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillian Mead**

(b) Address **718 So 14 - St. J.**

17. (a) **B** (b) Date thereof **3-20-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **Stoney Funeral Home**

(b) Address **St. Joseph Mo.**

19. (a) **3-20-44** (b) **R. H. Herzog**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **718 south 14**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**  
year **1944** hour **2** minute **40** A.M.

21. I hereby certify that I attended the deceased from **on**  
**Mar 18th**, 1944, to **19**;  
that I last saw him alive on **19**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gun shot wound of the left chest and a bullet**  
Due to **wound in the right arm** Duration **1 day**

Due to **Man was shot and killed by another (a boy 15 yrs)**

Other conditions of age **in an alley**  
(Include pregnancy within 3 months of death)

Major findings: **between seventh and eighth street in St. Joseph, Mo.**

Of operations **NO** Of autopsy **NO**

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

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

(b) Date of occurrence **Mar 18th 1944**

(c) Where did injury occur? **St. Joseph Buch. Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In alley near Edmond st.**

While at work? **yes** (Specify type of place) (e) Means of injury **38 Revolver**

23. Signature **H. J. Mundy** (M. D. or other) **Coroner**

Address **404 So 3d** Date signed **3/19/44**

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 *Mollie E. Sidenfaden For*  
Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.**