V. S. No. 2
30M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37511

Registration District No. 156 Primary Registration District No. 6001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2315 Bird
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alva Lincoln Bayless

3. (b) If veteran, name war World War 11

3. (c) Social Security No.

4. Sex m

5. Color or race w

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 December 2, 1901 (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER

12. Name A L Bayless

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Ann Belle Lincoln

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

16. (a) Informant A L Bayless

(b) Address 2315 Bird, Joplin, Missour

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 11-23-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1945 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 13 1945 to Nov 19 1945 that I last saw him alive on 11/19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy

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 [illegible] (M. D. or other)

Address [illegible] Date signed 11/19/45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-11-911

DEC - 5 1945

FEB 27 1946

NOV 18 1956

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.