

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

Rev. 5-22-51 I X1951

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 NOV 4 1947

Registration District No. 294

Primary Registration District No. 3556

State File No. 35352

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: McCormick O  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether years, months or days) life

3. (a) PRINT FULL NAME PAKIE STONE ALVIS

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Addie Long Alvis

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 8 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>8</u>	<u>18</u>	hr. min.

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

10. Usual occupation Police Officer

11. Industry or business

MOTHER FATHER

12. Name James F. Alvis

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

14. Maiden name Susan M. Alvis

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

16. (a) Informant's own signature Mrs. Virginia Jones

(b) Address Centralia, Mo.

17. (a) Centralia (b) Date thereof Oct 28 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Centralia

18. (a) Signature of funeral director Wm. J. J. J.

(b) Address Centralia

19. (a) Oct 28 47 (b) Wm. J. J.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bonni

(c) City or town Centralia  
(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 Oct day 26  
year 1947 hour 3:00 minute 5 P. M.

21. I hereby certify that I attended the deceased from Oct 21, 1947, to Oct 26, 1947  
that I last saw him alive on Oct 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to Previous Carcinoma of Nose

Due to \_\_\_\_\_

Other conditions Atherosclerosis & Hypertension  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations ✓

Of autopsy \_\_\_\_\_

Duration

Unknown

Several years

Several years

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 D. J. Johnson (M. D. or other) DD  
Address Wabash 240 Date signed 10/26/47

DEC 7 1947

RECEIVED  
State Embalmers Officer No. 10  
11:47:48  
NOV - 3 1947  
Date Filed

**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 George Jernigan

Licensed Embalmer No. 4270

P. O. Address Central 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.**