

REC'D FEB 21 1939

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

 2581
 Do not use this space.

1. PLACE OF DEATH

 (a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554
 (c) City Kansas City (d) Street No. 524 Blue Ridge St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 470 Joseph B. Wallace
 (a) Residence, No. 524 Blue Ridge St.
 (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Muleare
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 0 10

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Special Agent
 9. Industry or business in which work was done, as saw mill, bank, etc. K. C. Terminal
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster City, IowaFATHER 13. NAME Joseph J. Wallace14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, IllinoisMOTHER 15. MAIDEN NAME Catherine Hoag16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT Mrs. Gertrude Wallace (ADDRESS) 524 Blue Ridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Jan. 23, 193919. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co. (ADDRESS) Kansas City, Mo.20. FILED 1-24-39 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 193922. I HEREBY CERTIFY, That I attended deceased from January 15, 1936, to January, 1939.I last saw him alive on January 10, 1939. Death is said to have occurred on the date stated above, at 2:15 p.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset

Other contributory causes of importance:

Arterio-sclerosis
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Renal Was there an autopsy?

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? noIf so, specify (Signed) F. L. Cook, M. D.(Address) 1610 Prof. Bldg.

FEB 1 1944

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.....

Licensed Embalmer No.....

P. O. Address.....

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.