

REC'D APR 13 1939

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

110467
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 103
(c) City or Manassas City (d) Street No. 1401 Northern Blvd 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Oran Edwin Wallace

(a) Residence, No. 1401 Northern Blvd St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 10 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Manassas

FATHER 13. NAME W. H. Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Rachel Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT W. H. Wallace
(ADDRESS) 1209 Northern Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE Mar 20, 1939

19. FUNERAL DIRECTOR (NAME) Mr. C. R. Foster
(ADDRESS) 918 Brooklyn R.C. Mo

20. FILED 3-22-39 F. L. Cook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from County Coronor, 19.....
I was called on the 19..... Death is said to have occurred on the date stated above, at 6:20 P.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Old coronary thrombosis
Chronic myocardial infarction
Other contributory causes of importance:
Acute pulmonary edema

Name of operation 9412 Date of Yes
What test confirmed diagnosis? 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?
If so, specify
(Signed) Dr. J. D. Butler, M. D.
(Address) San Diego, K.C. Mo

WRITE PEANUTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.