

REC'D JUL 11 1939.

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

22158  
Do not use this space.

1. PLACE OF DEATH

(a) County: GREENE Registration District No. 816  
(b) Township: \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 520  
(c) City: SPRINGFIELD (d) Street No. 1205 - E - Mill 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 ALLEN W WALLACE

(a) Residence, No. 1205 - E - Mill St. 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 M  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1846  
7. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Wallace  
8. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1846  
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC.  
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. Private Family  
11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)  
12. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Missouri

14. NAME Frank Wallace

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

16. MAIDEN NAME Unknown

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

18. INFORMANT Fannie Wallace  
(ADDRESS) 1205 - E - Mill St

19. BURIAL, CREMATION, OR REMOVAL  
PLACE Hopewood DATE 6-28-39

20. FUNERAL DIRECTOR (NAME) H. Y. Smith  
(ADDRESS) 702 - W - Jefferson

21. FILED June 28 1939 Chas W George MD  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24/1939  
23. I HEREBY CERTIFY, That, I attended deceased from 6/23/1939, to 6/24/1939  
I last saw her alive on 6/24/1939. Death is said to have occurred on the date stated above, at 9:35 P.M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema  
121  
Other contributory causes of importance:  
Hypertension  
Chronic myocarditis  
Chronic nephritis

Date of onset 6/23/39  
P  
T  
T

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

24. 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 \_\_\_\_\_

25. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. E. Jenkins, M. D.  
(Address) 305 1/2 College St.

WRITE PAINLY, 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.

1939  
22  
—  
1862

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.....

*H.V. Smith*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Herbert V. Smith*

Licensed Embalmer No. *3328*

P. O. Address *702 - N. Jefferson*

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.

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