

5 AUG 12 1939

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

26053
Do not use this space.

1. PLACE OF BIRTH
(a) County Madison Registration District No. 952
(b) Township Franklin Primary Registration District No. 3-617
(c) City (d) Street No.
(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 John Douglas Wallerson
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margie Wallerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1861

7. AGE YEARS 77 MONTHS 9 DAYS 20 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Pittman Co Tenn (STATE OR COUNTRY) Pittman Co Tenn

FATHER 13. NAME William Wallerson

14. BIRTHPLACE (CITY OR TOWN) N Carolina (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Jodie Barkley 1

16. BIRTHPLACE (CITY OR TOWN) S Carolina (STATE OR COUNTRY) 1

17. INFORMANT Wester Wallerson (ADDRESS) Compiton mo

18. BURIAL, CREMATION, OR REMOVAL Park Cemetery DATE July 5 - 1939

19. FUNERAL DIRECTOR E. N. Stewart (ADDRESS) Lebanon Mo 63

20. FILED July 12 1939 Mrs. Vida Lambeth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1939

22. I HEREBY CERTIFY That I attended deceased from June 29, 1939, to 7-4, 1939
I last saw him alive on 6-29, 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Other contributory causes of importance: g4 b

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify Paul A. Pentecost M. D.
(Signed) Lebanon, Mo. (Address) 409

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, *E N Stewart*

Licensed Embalmer No. *1885*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

not Embalmed

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

E N Stewart

Licensed Embalmer No. *1885*

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.)