

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40258

Registration District No. 561

Primary Registration District No. 4330

Registrar's No. 81

1. PLACE OF DEATH: 2
(a) County MILLER
(b) City or town ELDON
(c) Name of hospital or institution: EAST 3RD ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MILLER
(c) City or town ELDON
(If outside city or town limits, write "RURAL")
(d) Street No. EAST 3RD ST
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

3. (a) PRINT FULL NAME WILLIAM LESLEY WALLS
(b) If veteran, name war NONE
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25
year 1939 hour 9 minute 30 P. M.

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY EMELINE WALLS
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August 9 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10 1939 to Nov 25 1939
that I last saw him alive on Nov 25 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 3 14 — hr. — min.

Immediate cause of death Coronary Thrombosis
Due to Myocarditis
Due to —

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

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Contractor

11. Industry or business Building

Major findings: Of operations —
Of autopsy —
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Mickey Mrs. CARVER

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

16. (a) Informant's own signature Mary Emeline Walls
(b) Address ELDON MO

17. (a) RURAL (b) Date thereof Nov 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOTT CEMETARY

18. (a) Signature of funeral director faith m. hays
(b) Address Eldon Missouri 405

19. (a) Nov 26 1939 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

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 A. D. Wallace (M. D. certifier) —
Address Eldon Mo. Date signed 11-28-39

RECEIVED

Miller County Health Dep't.

County File Number 39-137

Date Filed 12-11-39

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Missouri

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.