

JAN 17 1940 85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1299

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days) 1 1/2 yrs

3. (a) PRINT FULL NAME Mildred Esther Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lewis Henry Wallace 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Aug 20 1911
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Raymond South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name R. A. Furdley

18. Birthplace Raymond City Neb
(City, town, or county) (State or foreign country)

14. Maiden name Mable Furdley

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

16. (a) Informant's own signature M. E. Wallace

(b) Address Burlington 1st mo.

17. (a) removal (b) Date thereof 12-18-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo.

18. (a) Signature of funeral director Elmer M. Parris

(b) Address Maryville Mo.

19. (a) 12/17/39 (b) H. J. Nestle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1707 Ferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1939 hour 3 minute 38 A.M.

21. I hereby certify that I attended the deceased from 12-5-39 to 12-17-39
that I last saw her alive on 12-17-39
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronic Dilatation
Due to Psychitis 34 hr 5 days

Due to Chronic Non-Specific Salpingitis N.M.D.
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Cysts of the Ovaries
Of operations Chronic Non-Specific Salpingitis
Of autopsy Chronic Salpingitis of Rt Tube
none

Duration
Physician
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) B
(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 H. J. Nestle (M.D. or other) DO
Address 825 Ferson Date signed 12-17-39

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.

SEP 2 1949

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 Clara M. Pini

Licensed Embalmer No. 1822

P. O. Address Mayville, Mo.

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.