

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

43103
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Fishing River Primary Registration District No. 3011
 (c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility Registered No. 168
 (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. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Otto Wall
 (a) Residence, No. Brumley, Mo. St. Brumley, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County Missouri

FATHER 13. NAME Henry Wall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mariah Graham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Brumley, Mo. DATE 12-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo.

20. FILED Dec 15 1939 Mrs. R. M. Crank
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939 to December 14, 1939.
 I last saw him alive on December 14, 1939. Death is said to have occurred on the date stated above, at 8:10 PM.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease with cardiac enlargement, myocardial damage, mitral insufficiency (relative) and myocardial insufficiency.

Other contributory causes of importance: None

Name of operation none Date of
 What test confirmed diagnosis? Exam. & observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? Unknown
 If so, specify
 (Signed) W. A. GERRAN, M.D. Clinical Director
 (Address) Veterans Administration Facility Excelsior Springs, Missouri

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.

RECEIVED
District Health Officer No. 8
District File Number 1111/110
Filed

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 Walter Parker, Registered Apprentice No. 228 working under my personal supervision.

Signed Claude Richard
Licensed Embalmer No. 2751
P. O. Address Exelsson Sp...

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.