

FILED MAR 18 1940
Registration District No. 2

Primary Registration District No. 7349

Registrar's No. 16

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town Rural Meramec township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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, months or days 4 7 11

3. (a) PRINT FULL NAME Eliza Wallace
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Querry Turnbough
13. Birthplace Crawford Co - Mo
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Mally
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 2-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director Carl K. Spence
(b) Address Salem, Mo. 240

19. (a) February 19 1940 (b) F. E. Duth
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeWitt
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year _____ hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 12 1940 to February 17 1940, that I last saw her alive on February 14 1940 and that death occurred on the _____ date and hour stated above.
Immediate cause of death Chronic Myocarditis
Duration unknown

Due to Acute Bronchitis 2-11-40

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underlines 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) 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature F. E. Duth MD (M. D. or other) MD
Address Salem Missouri Date signed 2-19-40

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.

JAN 15 1958

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.~~

District Health Officer No. 5,

District File No. 340 330

Date Recd. 3/240

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.