

Registration District No. 773Primary Registration District No. 6018ARegistrar's No. 30

## 1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Near Farmington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital No. 4 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 yrs. 8 mos. 15 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Luther Martin Wallace

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Jan. 26, 1884  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 0 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Dent Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Ivory Tournbough13. Birthplace Crawford Co. Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Eliza E. Wallis15. Birthplace Washington Co. Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Records of State Hospt. #4(b) Address Farmington, Mo.17. (a) Burial (b) Date thereof 2/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Cem18. (a) Signature of funeral director Carl K. Spencer(b) Address Salem19. (a) 2-4-40 (b) T. G. Robinson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent County  
 (c) City or town Salem  
 (If outside city or town limits, write "RURAL")  
 Street No. \_\_\_\_\_  
 (If rural, give location)  
 (d) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2  
year 1940 hour 6:00 A.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
1-15, 1940, to 2-2, 1940;  
that I last saw him alive on 2-1, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial Pneumonia Duration \_\_\_\_\_Due to Influenza

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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) 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 Jas. R. Mulkey (M. D. or other) M. D.Address Farmington, Mo. Date signed \_\_\_\_\_WRITE PLAINLY—USE **NON-FADING 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.

**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..... *Carl K. Spencer* .....

Licensed Embalmer No. *9370* .....

P. O. Address *Salem Ms.* .....

**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.**