

Registration District No. **23**

Primary Registration District No. **6574**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **McDonald**
(b) City or town **Anderson mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution **30 days** (Specify whether years, months or days) **150**

3. (a) PRINT FULL NAME **JIMMIE CARROLL WALLAIN**

8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **Feb 9 1940**
(Month) (Day) (Year)

8. AGE: Years **0** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **Anderson mo**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name **Thomas Wallain**
13. Birthplace **Ark!**
14. Maiden name **Myrtle Harbort**
15. Birthplace **Ark!**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Wallain**
(b) Address **Anderson mo**

17. (a) **Burial** (b) Date thereof **3-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lajagan mo**

18. (a) Signature of funeral director **Charles Williams**
(b) Address **Goodman mo**

19. (a) (Date received local registrar) (b) **Mrs Lee Harber**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **McDonald**
(c) City or town **Anderson mo**
(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 **Mar** day **10th**
year **1940** hour **unknown** minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cause of Death Unknown found this body dead in bed** Duration
Due to **these two no doctor**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **jaund**
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? **463**

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

23. Signature **Lee Harber** (M. D. or other) **4**
Address **Parville mo** Date signed **3/11/40**

RECEIVED

District Health Officer No. 6;

District File Number H40-999

Date Filed APR 9 1940

RECEIVED

District Health Officer No. 10

District File Number

Date Filed APR 4 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.