

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4702

Registration District No. 873

Primary Registration District No. 6157

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Monticello Township State Missouri

(c) Name of hospital or institution: \_\_\_\_\_  
(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 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) City or town \_\_\_\_\_ State Missouri (b) County Vernon <sup>108</sup>

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") Rural Monticello

(d) Street No. Sheldon Mo R # 2  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME FRANCIS ELKIRA WALLACE

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

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 10 1850  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1941 hour 1 minute 20 M.

21. I hereby certify that I attended the deceased from Jan. 10, 1941, 19\_\_\_\_, to Jan. 12, 1941, 19\_\_\_\_;  
that I last saw her alive on Jan. 12, 1941, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 3 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
Mitral Insufficiency

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

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

Other conditions Chronic Cholecystitis ?  
(Include pregnancy within 3 months of death)

9. Birthplace Ray Co Mo 0 Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name Joseph Wilhite

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Esther Masengail

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

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Herb Wallace

(b) Address Sheldon Mo R # 2

17. (a) Oliver Beach (b) Date thereof Jan 14 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oliver Beach

18. (a) Signature of funeral director G. B. Boney & Sons

(b) Address Sheldon Mo

19. (a) Jan 14 41 (b) M. J. Kohnstoppel  
(Date received local registrar) (Registrar's signature)

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?  
Y

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

23. Signature J. J. Bessmer (M.D. or other) D. O.  
Address Serico Springs, Mo Date signed 1/13/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-41-339

Date Filed 2-13-41

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. ~~2384~~

working under my personal supervision.

Signed Carroll T. Beemey

Licensed Embalmer No. 2385

P. O. Address Sheldon 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, fact should be so stated above.