

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Newada Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Newada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virgil Edward Wallace

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 19 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 0 16 hr. min.

9. Birthplace York N. Dk
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name John L. Wallace
13. Birthplace Bates County Mo
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kaufman
15. Birthplace Bates County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Wallace

(b) Address Walker, Mo. R #2

17. (a) Burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Blue Funeral Services

(b) Address Newada Mo

19. (a) 7-5-41 (b) Allen V. Doye
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt #2, Walker
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1941 hour 3:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Apr 2 1941 to July 5 1941; (that I last saw him alive on July 4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Myocarditis & decompensation Duration 4 mos

Due to Chronic multiple cardiac valvular disease 15 yrs

Due to Rheumatic heart disease 18 mos

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. H. Day M.D. (M. D. or other) _____
Address Kenada Date signed 7-5-41

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

RECEIVED

Div. of Health Officer No. 7,

District # _____ No. 8-41-1244

Date Filed 8-5-41

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.....
working under my personal supervision.

Signed Allen V. Keys

Licensed Embalmer No. 19680

P. O. Address Nevada, 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.