

10-39
7-39
K21492

FILED SEP 6 1941

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 250

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at home
(Specify whether)

In this community fifty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. 509 So. College Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles W. Wallace

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1941 hour 6 - minute 15 P.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased: Jan 20 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1941 to Aug 1941
that I last saw him alive on Aug 12 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 6 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary tuberculosis 2 yr

Due to same

Due to same

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

9. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name John Wallace

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

14. Maiden name Mary Kansas Lersch

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy None

16. (a) Informant Dwight Wallace

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Aug 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berea Cemetery

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 _____

18. (a) Signature of funeral director Louis P. Lersch

(b) Address Nevada Mo.

19. (a) 8-13-41 (b) W. E. Lersch
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Lersch M.D. (M. D. or other) (initials)

Address Nevada Mo. Date signed 8-13-41

RECEIVED

District Health Officer No. 7,

District File Number 9-4-1585

Date Filed 9-4-41

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 T. Keys

Licensed Embalmer No. 1968

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.