

OPEN DEC 9 1941

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 448 days  
(Specify whether years, months or days)

In this community 448 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town Buffalo 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen Wall

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 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 April 23d 1920  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>6</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Waitress

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

MOTHER FATHER { 12. Name Norman Wall

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

14. Maiden name Clara Brown

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Buffalo (b) Date thereof Nov 19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Mo

18. (a) Signature of funeral director Buffalo Mo

(b) Address \_\_\_\_\_

19. (a) 11-19-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th  
year 1941 hour 4:25 minute A M.

21. I hereby certify that I attended the deceased from August 19th 1940 to Nov 19th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary He Duration About 2 yrs

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

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

Other conditions 12/1  
(Include pregnancy within 3 months of death)

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

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

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 [Signature] (M. D. or other) MD

Address Buffalo Mo Date signed 11-19-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1241-1785

Date Filed DEC 8 1941

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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. 2508

working under my personal supervision.

Signed Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.**