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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 23 1941

Registration District No. 531

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5718

State File No. 38793

Registrar's No.

1. PLACE OF DEATH:
(a) County: MACON
(b) City or town: BUCKLIN (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jipp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: MACON Mo
(c) City or town: Bucklin (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Ida A. Wallquist
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F.M.
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: Oct. (Month) 8. (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	7	hr. min.

9. Birthplace: Unknown (City, town, or county) Sweden (State or foreign country)
10. Usual occupation: Home Keeping
11. Industry or business: Home
FATHER
12. Name: John Wallquist
13. Birthplace: Unknown (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: Charley E. Longaway
(b) Address: Bucklin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Sweet Minion Cem. Bucklin Mo.
18. (a) Signature of funeral director: Larson Funeral Service
(b) Address: Bucklin Mo.
19. (a) Dec 15 (Date received local registrar) (b) Mrs. Ollie Edwards (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1941 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from 11/11 1941 to 11/15 1941; that I last saw her alive on 11/11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to: Cerebral Hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature: D. C. Longaway M.D. or other
Address: Bucklin, Mo. Date signed: 11/16/41.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-41-2262
Date Filed DEC 18 1941

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Berlin, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.