

S. No. 2
 M-1-4-41
 Y. 5-17-39
 X28390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **7018**
 Registrar's No. **5**

FILED MAR 2 1942
 Registration District No. **12842**

Primary Registration District No. **3027**

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

1. PLACE OF DEATH:
 (a) County **Jefferson**
 (b) City or town **DeSoto Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **18 Valley /**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **7 Years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jefferson**
 (c) City or town **DeSoto**
(If outside city or town limits, write "RURAL")
 (d) Street No. **18 Valley**
(If rural, give location)
 (e) Citizen of foreign country? **U** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SUSAN E. WALLACE**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **9**
 year **1942** hour **8** minute _____ A. M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Thomas Wallace** 6. (c) Age of husband or wife if alive **deceased** years
 7. Birth date of deceased **April 10, 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 29** to **Jan. 9** 19**42**
 that I last saw him alive on **Dec. 28** 19**41**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	84	8	29	hr. _____ min. _____

Immediate cause of death
arteriosclerosis, heart disease
Basal cell carcinoma of face
 Due to _____
 Due to _____

Duration
 years _____
 years _____

9. Birthplace **Jefferson Co.** **U Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **53**
 Major findings:
 Of operations _____
 Of autopsy _____

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

10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **Milton Long**
 13. Birthplace **?** **U Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Brown**
 15. Birthplace **?** **U Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Gibson**
 (b) Address **18 Valley St. DeSoto Mo.**
 17. (a) **Burial** (b) Date thereof **Jan. 11, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **DeSoto Mo. (Lucky)**

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? _____

18. (a) Signature of funeral director **Lee Mothershead**
 (b) Address **DeSoto Mo.**
 19. (a) **1-15-42** (b) **Flem Spencer**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury **U**
 23. Signature **Paul V. McSperry** (M. D. or other) **M.D.**
 Address **DeSoto Mo.** Date signed **1-10-42**

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 *J. E. Mothushead*
Licensed Embalmer No. *3531*
P. O. Address *Desoto 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.