

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7070

Registration District No. 448

Primary Registration District No. 5611

Registrar's No.

3  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Laclede  
(b) City or town Stoutland  
(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 \_\_\_\_\_  
(Specify whether  
In this community Forty years or more  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Laclede  
(c) City or town Stoutland  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VAN WALLIS  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 12  
year 1942 hour 2 PM minute 30 M.  
21. I hereby certify that I attended the deceased from 1 1942 to 2-12-12 1942  
that I last saw him alive on 2-12-12 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased March 30 1870  
(Month) (Day) (Year)

Due to Pneumonia lobar  
R. lung  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
71 11 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations 108  
Of autopsy no  
Underline the cause to which death should be charged statistically.

9. Birthplace Morgan MO  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer  
11. Industry or business \_\_\_\_\_  
12. Name John K. Wallis  
13. Birthplace Marie County West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Woolery  
15. Birthplace Morgan County Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wallis  
(b) Address Stoutland Mo  
17. (a) burial (b) Date thereof Feb. 13 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
(Specify type of place)

18. (a) Signature of funeral director W. J. Brown  
(b) Address Stoutland Mo  
19. (a) 2-19-42 (b) H. B. Reizer  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. H. Howlett (M. D. or other)  
Address Richard Mo Date signed 2-14-42

1270 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~Health Officer No.~~

District File Number 3-42-57

Date Filed March 12, 1942

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.....

*Body was not embalmed.*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**