FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23772

Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 11
(b) Township Flat Creek — Primary Registration District No. 5041 — Registered No. 66
(c) City — (d) Street No. 1 — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lon Wallen
(a) Residence, No. Cassville, Mo. R.F.D. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 0 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 1 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Wallen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	9	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri 0

FATHER
13. NAME Jack Wallen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Mary J. Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT (ADDRESS) Mrs. F. A. Horner Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Horner Cem. DATE Jan. 23 1940

19. FUNERAL DIRECTOR (ADDRESS) Horine-Culver Cassville, Mo.

20. FILED July 29 1942 Agnes Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1940, to Jan 21 1940
I last saw him alive on Jan 21 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	unk
9/a	
Other contributory causes of importance:	
Septic Sore Throat	unk

Name of operation ... Date of ...
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) [signature], M. D.
(Address) Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number 842-1264
Date Filed AUG 17 1942

STATEMENT BY LICENSED EMBALMER

I, G. E. Culver, Licensed Embalmer No. 8584

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by J. C. Canada, Registered Apprentice No. 225

working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 85-84

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.)