

FILED AUG 12 1942  
Registration District No. 347

Primary Registration District No. 3029

State File No. \_\_\_\_\_  
Registrar's No. 167

64  
334  
Blue  
DU Blue  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal Mo.  
(c) Name of hospital or institution 319 Magnolia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Annie Wallace  
(b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married 2 divorced Widowed  
6. (b) Name of husband or wife John Henry Wallace 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 22, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 4  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Adair County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name George W. Martin  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Riley  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant George Wallace  
(b) Address 319 Magnolia

17. (a) Burial (b) Date thereof 6/28/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M Smith  
(b) Address 902 Broadway Hannibal

19. (a) 6/30/42 (b) R H Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Marion 64  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 909 Union  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1942 hour 1 minute 55 A M.

21. I hereby certify that I attended the deceased from June 18  
1942 to June 26 1942  
that I last saw her alive on June 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death hepatitis chronic  
Due to Acidity

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

Other conditions (Include pregnancy within 3 months of death) 1218

Major findings: Of operations \_\_\_\_\_  
Of autopsy 220

Duration  
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? \_\_\_\_\_  
(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) (c) Means of injury

23. Signature A B Blue (M. D. or other)  
Address Hannibal, Mo Date signed June 27 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..... *James A. Moles* .....

Licensed Embalmer No..... 3296 .....

P. O. Address..... Hannibal Missouri .....

**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.**