S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

Registration District No. 86218

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28431

State File No.

Primary Registration District No. 6139

Registrar's No. 22

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town (RURAL) - MORRIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 7 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS

(c) City or town (RURAL) Bado Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NELDA SUE WALLACE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F Male

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 Dec. (Month) 7 (Day) 1941 (Year)

8. AGE: Years | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Bado (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name BEN WALLACE
13. Birthplace Bado (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name OPAL COOLE
15. Birthplace Bado (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ben Wallace
(b) Address Bado Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bado

18. (a) Signature of funeral director Gaylord Elliott
(b) Address Cabool

19. (a) July 30-42 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25 day year 1942 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 7-22, 1942 to 7-25, 1942; that I last saw her alive on 7-22-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PERICARDIAL EFFUSION	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

40 b

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J M Gilman (M. D. or other) M.D.
Address Houston, Mo Date signed 7-27-42

1259 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 94285-4
Date Filed 9-14-42

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 Gaylord Elliott

Licensed Embalmer No. 22252

P. O. Address Cabool 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.