

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: R. F. D # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. most of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan

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

(d) Street No. R F D # 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME MARIA-MEEK-WALLACE

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25 year 1942 hour 9:15 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 15, 1942 to Nov 25, 1942 that I last saw her alive on Nov 24, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wht

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Wallace

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased aug 27 1859
(Month) (Day) (Year)

Immediate cause of death Ac Myocarditis

Duration 10 days

Due to -

Due to -

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

8. AGE: Years 83 Months 2 Days 28 If less than one day hr. min.

9. Birthplace near Springfield Ill
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John Princehouse

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name L. Amanda Gidd

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Madge Thron
(b) Address bud etc, mo.

17. (a) - (b) Date thereof NOV 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ashland cem

18. (a) Signature of funeral director Ray Clancy
(b) Address St Joseph mo

19. (a) 11-27-42 (b) John Princehouse
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: -
Of operations -

Of autopsy -

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) (e) Means of injury -

23. Signature H. W. Kearly (M. D. or other)
Address St Joseph mo Date signed 11-25-42

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.....

Robert Ray Stoney

Licensed Embalmer No.....

2435

P. O. Address.....

Stoney, Md

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.: