

S. No. 2
M-9441
5-17-36
PI 1236

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 28 1943

128

5465

290

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield McCampbell

(c) Name of hospital or institution: Rural Route 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Springfield McCampbell

(d) Street No. R.F.S. 2

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

If yes, name country _____

3. (a) PRINT FULL NAME DELLA WALLACE

3. (b) If veteran, name war None

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 7 minute AA

21. I hereby certify that I attended the deceased from March 22 1943 to April 10 1943

that I last saw her alive on March 22 1943 and that death occurred on the date and hour stated above.

6. (a) Sex F 5. Color or race W

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Nov. 5 1872

Immediate cause of death Arterio Sclerotic Heart Disease Duration Sudden

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>5</u>	_____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) no 92d

9. Birthplace Webster Co. Mo.

10. Usual occupation House wife

11. Industry or business at home

Major findings: Of operations no

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name JOHN MARSHALL FARR

13. Birthplace Webster Co. Mo.

14. Maiden name VIRGINIA KISNER

15. Birthplace Unknown Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(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? no

16. (a) Informant CHARLES WALLACE

(b) Address Springfield Mo. R 2

17. (a) Buried (b) Date thereof April 12 1943

(c) Place: burial or cremation East Lawn Cem

18. (a) Signature of funeral director W. H. Plummer

(b) Address Springfield Mo.

19. (a) 4-12-43 (b) J. O. Wetland

While at work? _____ (Specify type of place) _____ (a) Means of injury 0

23. Signature A. F. Freeman (M. D. or other) _____

Address Springfield Mo. Date 4-10/43

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

39
00

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.....

J. O. Kingner

Licensed Embalmer No. *3358*

P. O. Address.....

Springfield, 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.