

S. No. 2  
M-9-4-41  
v. 5-17-39  
-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 8 1944**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

7295  
State File No. \_\_\_\_\_

Registration District No. 138

Primary Registration District No. 4219

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pickaway

(b) City or town Meauleau  
(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 \_\_\_\_\_)

In this community 25 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pickaway

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME ANGELINE E. WALLACE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife J. E. Wallace 6. (c) Age of husband or wife if alive 73

7. Birth date of deceased December 2 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business own home

MOTHER FATHER

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elva J. Wallace

(b) Address Meauleau Mo

17. (a) Burial (b) Date thereof Feb 20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parrock Cemetery

18. (a) Signature of funeral director Ed H. Sumner

(b) Address Humansville Mo

19. (a) Feb 4 - 1944 (b) Mary F. Cartmou  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
year 1944 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 1944 to Jan. 31 1944  
that I last saw her alive on Jan. 31 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 6 days

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

Due to g3a1

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

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) (e) Means of injury g

23. Signature W. H. R. E. Aston (M. D. or other) hlo

Address Meauleau Mo Date signed Jan 31 1944

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

OCT 17 1944

RECEIVED

District Health Officer No. 7  
District File Number 2-44-239  
Date Filed 3-9-44

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.....

*by me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. H. Pimm*.....

Licensed Embalmer No. *4282*.....

P. O. Address *Humansville, 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.