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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7633

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Life time

2. USUAL RESIDENCE OF DECEASED: 56
(a) State Missouri (b) County Lewis 1
(c) City or town Canton, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Clark
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES FRANCIS WALLACE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sallie Wallace
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January (Month) 10 (Day), 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	21	hr. min.

9. Birthplace Argyl (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Doctor of Dentistry
11. Industry or business
MOTHER FATHER
12. Name John D. Wallace
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
14. Maiden name Mary Colwell
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ada Roberts
(b) Address Canton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Grove
18. (a) Signature of funeral director J. A. Coder Jr.
(b) Address Canton, Mo.
19. (a) 2-2-44 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1943, to Jan 31, 1944, that I last saw alive on Jan 30, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	6 mo.
Due to:	
Due to: 93d	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Earl Porter (M.D. or other) D.D.
Address Canton Mo. Date signed 2-2-44

991 (Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed J. Alder Jr.

Licensed Embalmer No. 432P

P. O. Address Canton, Miss.

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.