

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8618

State File No.

FILED MAR 11 1944
359

Primary Registration District No. 4526

Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Sheldon
(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
In this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Sheldon
(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 MARY ELIZABETH WALLACE
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13 year 1944 hour 2 minute 30 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 25 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 13 44, 1944, to Feb 13 1944 that I last saw her alive on expedient arrival 7:43 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____

9. Birthplace Clay Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business _____
12. Name Robert Young
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Milly Ward
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Lain Wallace
(b) Address Sheldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Dunmore Grove
18. (a) Signature of funeral director D. A. Osberg & Co.
(b) Address Sheldon Mo
19. (a) 7/15-44 (Date received local registrar) (b) G.T. Price (Registrar's signature)

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 2
23. Signature W. E. Lester (M. D. or other) DD
Address Sheldon Date signed 2-14-44

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1226

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

RECEIVED

Director Health Officer No. 71

Number

2-44-301
3-10-44

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

Registered Apprentice No.

working under my personal supervision.

Signed

H. Bernard Bunn

Licensed Embalmer No.

4181

P. O. Address

Sheldon 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.