

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1944

Registration District No. 178

Primary Registration District No. 56.6.0

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural - Dickerson
(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. all her life (Specify whether years, months or days) 59-9-13

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Rural - Dickerson
(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 0

3. (a) PRINT FULL NAME Cora Mae Wallaell

(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1944 hour 2 minute 15 P.M.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife David Wallace 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 15 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 28 about 9 a.m. 1944 to March 28 1944 that I last saw her alive on March 28 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 9 Days 13 If less than one day hr. min.

Immediate cause of death critical accident

Due to hypertension

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

10. Usual occupation Housewife

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Vick Decoster

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ella Conroy

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Nimmie Elison
(b) Address Ewing Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Queen of Peace Cemetery

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo

19. (a) 3-30-44 (Date received local registrar) (b) P.W. Jennings M.D. (Registrar's signature) 04

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature Rayvalle D.C. (M.D. or other) 2
Address Ewing Mo Date signed 3-29-44

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

56
0
0

987

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.