

Registration District No.

226

Primary Registration District No.

6209

Registrar's No.

23

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RURAL PINEY
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 yrs years, months or days)

3. (a) PRINT FULL NAME MARY GERTRUDE WALLACE

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GEORGE W. WALLACE 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JAN 24 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name OLL CARTER

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

14. Maiden name UNKNOWN

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

16. (a) Informant GEORGE W. WALLACE

(b) Address RAYMONDVILLE, MO

17. (a) BURIAL (b) Date thereof 6- -44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTRAL BAPTIST

18. (a) Signature of funeral director Raymond V. Elliott

(b) Address HOUSTON, MO

19. (a) 6-24-44 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4M1 E. HOUSTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
1944 year 4 hour 45 minute P.M.

21. I hereby certify that I attended the deceased from AM
1944, to June 23, 1944.
that I last saw h W alive on June 22, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to chronic nephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature L. S. Randall (M. D. or other)

Address _____ Date signed 6-24-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10700

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

JUL 31 1944

No. 5

74378

7-8-44

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.