S. No. 2
0M—5-43
v. 5-17-39
o 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26641

State File No.

FILED SEP 10 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3414

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: TRINITY LUTHERAN HOS (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 HOURS (Specify whether

In this community 50 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4

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

(d) Street No. 4138 MONTGALL AVE (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. ROBERT EDWARD WALLACE

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-07-4166

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DAISY WALLACE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JUNE (Month) 20 (Day) 1873 (Year)

8. AGE: Years 72 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation SHIPPING CLERK

11. Industry or business VERNON LAW BOOK CO

FATHER
12. Name NATHANIEL WALLACE
13. Birthplace WEST VIRGINIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA THURSTON
15. Birthplace WEST VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Wallace

(b) Address 4138 Montgall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. F. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-14-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 11th year 1945 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8-10, 1945, to 8-11, 1945, that I last saw him alive on 8-11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	23 hrs.
Due to Athero sclerosis	20 yrs.
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings: Of operations — 61

Of autopsy Cerebral hemorrhage - adrenal tumor - Diffuse Hemorrhage adrenal gland (non-malignant)

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 Barrick Wilson (M. D. or other) M.D.

Address 1025 Rialto Bldg. K.C. Mo Date signed 8-13-45

361 (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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed H. B. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.