

S. No. 2
M-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10379

State File No.

FILED APR 11 1946
Registration District No. 275

Primary Registration District No. 5941

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural - Miller Twp.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps
(c) City or town Dixon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN AMON 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 Widowed

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

7. Birth date of deceased 7 13 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>5</u>	hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9

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

16. (a) Informant Glarence Wallace

(b) Address 101 East 16th St. Rolla, Mo.

17. (a) Burial (b) Date thereof 3 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Fred H Gilbert

(b) Address Dixon, Mo.

19. (a) March 21, 1946 (b) Mrs. Juanita Harvey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1946 hour _____ minute 1:45 A.M.

21. I hereby certify that I attended the deceased from March 12
4 1946, 1946, to March 17, 1946
that I last saw him alive on March 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 3 days
Due to hemiplegia 7 days

Due to _____
Other conditions Vascular hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 832

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Orley G. Galt (M. D. or other) 22
Address Dixon, Mo. Date signed 3/19/46

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

MOTHER FATHER

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.....

..... March - 18th 1946, Registered Apprentice No.
working under my personal supervision.

Signed Fred N. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon 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.