

H. Case

34333

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Little prairie
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi west of Caruthersville, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Andrew Wallace
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1946 hour 10 minute 17 M.
21. I hereby certify that I attended the deceased from Oct 16 1946 to Oct 17 1946
that I last saw him alive on Oct 17 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Berdie Bell Wallace 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Aug. 20 1888
(Month) (Day) (Year)

Immediate cause of death Obstructive Occlusion Sudden

8. AGE: Years 58 Months 1 Days 28 If less than one day _____ hr _____ min.

Due to _____
Due to _____

9. Birthplace Gibson Co. Tenn
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations 94%
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Edward Wallace
13. Birthplace Gibson Co. Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Annell Tillman
15. Birthplace Gibson Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Max Wallace
(b) Address Rt # 1 Hayti, Mo.

17. (a) Burial (b) Date thereof 10-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little prairie
18. (a) Signature of funeral director La Forge and Co
(b) Address Caruthersville, Mo.

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 _____

19. (a) 11-2-46 (b) Tracie B. Webb
(Date received local registrar) (Registrar's signature)

23. Signature H. Case (M. D. or other) _____
Address Caruthersville Mo. Date signed 10/21/46

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

33158

11-46-225

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 Noel C Dean
Licensed Embalmer No. 3941
P. O. Address Carruthersville, 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.