

FILED APR 21 1947
Registration District No. 325

Primary Registration District No. 3039

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Pinn
(b) City or town Marceline
(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 _____)
In this community 41 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pinn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No. Curtis St 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1947 hour 9 minute P M.
21. I hereby certify that I attended the deceased from
Called as Coroner
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Probably Coronary Thrombosis ?

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

4. Sex male 5. Color or race negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1838
(Month) (Day) (Year)

8. AGE: Years 108 Months 8 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Cyrus Wallace
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe Gore

(b) Address Marceline MO

17. (a) Burial (b) Date thereof March 14 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Oliver

18. (a) Signature of funeral director James M. Faughlin

(b) Address Marceline MO

19. (a) 3-14-47 (b) J. S. Shelton
(Date received local registrar) (Registrar's signature)

Due to Senility

Due to Sclerosis

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

Major findings:
Of operations 94A
Of autopsy none

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 _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dale Bunch 3
(Mr. D. or other) Coroner

Address Marceline MO Date signed 3/14/47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 438

Lilburn Keith Tillatson Registered Apprentice No. _____
working under my personal supervision.

Signed Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marion 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.