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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1947

Registration District No. 5

Primary Registration District No. 5030

Registrar's No. 20

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

1. PLACE OF DEATH Atchison

(a) County Atchison

(b) City or town Tarkio Rural

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs

In this community 20 yrs

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State Missouri (b) County Atchison

(c) City or town Tarkio

(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 Orville Andrew Wallace

3. (b) If veteran, name war World War 2

3. (c) Social Security No. none

4. Sex Male

5. Color white

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased February 20 1922

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

25 3 6 hr. min.

9. Birthplace Maryville Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Orville Wallace

12. Name Maryville Missouri

13. Birthplace Ida Hopkins Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Tennessee

15. Birthplace Odie Lane

(City, town, or county) (State or foreign country)

16. (a) Informant Tarkio Missouri

17. (a) Burial (b) Date thereof May 26 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Jim Sloan

(b) Address Tarkio, Mo

19. (a) May 27-47 (b) Dr. H. W. Cunningham

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26

year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death BURNED TO DEATH

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: no c-d

Of operations:

Of autopsy: no 20

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) ACCIDENT 3

(b) Date of occurrence MAY 26-47

(c) Where did injury occur? 1 MILE S. TARKIO ATCHISON MO

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? TRUCK TURNED OVER ON HIWAY

(e) While at work? YES (f) Means of injury

23. Signature Shost Hay (Date or other) 2

Address webbers Hub Date signed 5-26-47

Coroner

SEP 16 1967

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frost A. Branner*.....

Licensed Embalmer No. *3338*.....

P. O. Address *Larkin, 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.