No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26913

State File No. .....

FILED AUG 30 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1004

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. Rea, Missouri. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Leroy D. Wall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie V. Wall

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March (Month) 18 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	28	..... hr. ..... min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name D. S. Wall
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cornelia, McVey
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Effie V. Wall

(b) Address Rea, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo

19. (a) 8-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 6, 1947 to Aug 16, 1947 that I last saw him alive on Aug 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial Bilateral	48 hrs.
Due to Myocarditis Secondary Anemia	
Due to Cancer pylorus obstructing	3 Mos obstructing
Other conditions Hemorrhage (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer pylorus obstructing

Of autopsy 46 B

PHYSICIAN — Underline the cause of 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 H. S. Conrad (M. D. ~~or other~~)

Address St Joseph Mo Date signed 8-16-47

Jefferson City Printing Co. (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~~ Frances Wyland, Registered Apprentice No. 444, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3150 10th St Joseph, 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.