No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37801

FILED DEC 12 1947

Registration District No. 928 — Primary Registration District No. 2000 — Registrar's No. 984

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2446 N. Main Avenue (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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 2446 N. Main Avenue (If rural, give location) 6
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JULIA ANN WALL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Robert P. Wall
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: January (Month) 18 (Day) 1864 (Year)

8. AGE: Years 83 | Months 9 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Pierce City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: In home
FATHER
12. Name: Asbury Lough
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Nancy Ann Rutledge
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: W.F. Moorman
(b) Address: 2446 N. Main Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pierce City, Mo.
18. (a) Signature of funeral director: J.W. Klingner & Co.
(b) Address: Springfield, Missouri
19. (a) 11-18-47 (Date received local registrar) (b) N. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: November day: 16 year: 1947 hour: 9 minute: 50 A.M.
21. I hereby certify that I attended the deceased from 2-5-47, 19.. to 11-16-47, 19.. that I last saw him alive on 11-14-47, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death: Mal nutrition + possible malignancy of liver — Duration: 1 year
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 40
Of autopsy:

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: 0
23. Signature: C. E. Feller (M. D. or other)
Address: Springfield Mo. Date signed: 11-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ogle Slone Jr.

Licensed Embalmer No. 4976

P. O. Address Springfield

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.