No. 2
1—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No. 105

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5419

41324

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton R.R. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Clarkton R.R. #1
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME William B. Wallace

3. (b) If veteran, name war —

3. (c) Social Security No. 498-10-1346

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dollie Wallace

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

7. Birth date of deceased March (Month) 9 (Day) 1885 (Year)

8. AGE: Years 62 | Months 9 | Days 17 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Farming and Labor

11. Industry or business —

MOTHER FATHER

12. Name unknown

13. Birthplace .. (City, town, or county) Tenn. (State or foreign country)

14. Maiden name unknown

15. Birthplace .. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Dollie Wallace

(b) Address Clarkton, Mo. R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Missouri

19. (a) 12-30-47 (Date received local registrar) (b) Leonda Fay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th year 1947 hour ____ minute 8:20 P.M.

21. I hereby certify that I attended the deceased from Oct 10th 1947, to Dec 27th 1947, that I last saw him alive on 12-16th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple carcinoma — Duration: 6 mo.

Due to Carcinoma of Larynx — Duration: 1 year

Due to ____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HMP

Of autopsy

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

(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 J. B. Clemmer (M. D. or other) MD

Address Clarkton Mo Date signed 12-26-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148 - 25
Date Filed 1-5-48

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.