

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 10 1948
Registration District No. 186

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8992
Registrar's No. 98

Primary Registration District No. 3026

ENCLOSED
WRITE PLAINLY—USE UNFADING BLACK INK
APR 10 1948
PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 North Spring Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 1 Year.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME John W. Wall
3. (b) If veteran, name war None
3. (c) Social Security No. 702-14-4860

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lelia Ruth Wall
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased May 21, 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 4
If less than one day hr. min.

9. Birthplace: Syracuse, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Independence Laundry

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lelia Ruth Wall
(b) Address 315 North Spring Street

17. (a) Burial (b) Date thereof Mar 27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Missouri.

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

(b) Address Buckner, Missouri

19. (a) 4-1-48 (b) James S. Raig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 315 North Spring
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1948 hour 5 minute 0 P.A.M.

21. I hereby certify that I attended the deceased from Aug 1944 to Mar 25-1948
that I last saw him alive on Mar 25-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to sudden death

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

Major findings: Of operations _____
Of autopsy 940

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature James S. Raig (Date signed) 3-26-48
Address Independence, Mo.

APR 16 1978

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.....

Dale A. Oldfield

Registered Apprentice No. 31

working under my personal supervision.

Signed

Dixon L. Kelley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.