V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16677

FILED JUN 12 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 120

49
1
3
Jan Wk

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McCune Brooks Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1826 River St., 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Charles Henry WALLACE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Della Alsup Wallace

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 29, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	16	hr. min.

9. Birthplace Texas County, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Ret. Miner

11. Industry or business None

FATHER
12. Name John W. Wallace
13. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Worshum
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Della A. Wallace
(b) Address 1826 River Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 5-17-48 (Date received local registrar) (b) 138 L. B. Clinton M.D. (Registrar's signature) 49 1 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th.
year 1948 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from 11-4-47, 1947, to 5-15, 1948;
that I last saw him alive on 5-15, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral metasteses	3wks.
Due to Carcinoma of lungs	1 yr.
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	20yrs.

Major findings:
Of operations
Of autopsy 49

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 J. Wauhik (M. D. or other) M.D.
Address Carthage Date signed 5/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-404

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 Charles H. Hutsler Jr. Registered Apprentice No. 24 working under my personal supervision.

Charles H. Hutsler Jr.

Signed Gene. C. Pugh.

Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.