

10-47  
7-39  
3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED NOV 12 1948

318  
318  
318  
STANDARD CERTIFICATE OF DEATH  
1003

34807  
State File No. ....  
Registrar's No. 9565

Registration District No. ....  
Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County 1906 Division 24  
(b) City or town 24 Louis MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME HOWARD WALLACE  
3. (b) If veteran, name war  
3. (c) Social Security No. 45-18-9003

4. Sex Male 2  
5. Color or race colored  
6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Sarah Wallace  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased 7 1 1905 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 4 1 hr. min.

9. Birthplace Oklahoma Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur  
11. Industry or business also Reckling Co.

MOTHER FATHER  
12. Name Berneice Wallace  
13. Birthplace Miss 1 (City, town, or county) (State or foreign country)  
14. Maiden name Irene Gordon  
15. Birthplace Miss 1 (City, town, or county) (State or foreign country)

16. (a) Informant Robert McIntosh  
(b) Address Croford Hill Ark  
17. (a) Shipper (b) Date thereof 11-15-1948 (Month) (Day) (Year)  
(c) Place: burial or cremation West Memphis Ark

18. (a) Signature of funeral director Davis B. Brown  
(b) Address 1405 Biddle St  
19. (a) NOV 3 1948 (b) J. S. Lasater (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County  
(c) City or town 24 Louis MO (If outside city or town limits, write "RURAL")  
(d) Street No. 1906 Division 24 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. 2 day year 1948 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 2 1948 to Nov. 2 1948 that I last saw h. alive on Nov. 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Deкомпen- tation  
Due to dont know

Due to  
Other conditions NO (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy NO

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(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) (e) Means of injury  
23. Signature John A. Williams (M. D. or other) V  
Address 2417 E Franklin Date signed 11-2-48

Duration  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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

*Charles R. Howell*

Licensed Embalmer No. *2452*

P. O. Address. *2834 Canale*

**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.**