

FILED DEC 29 1948

Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 395

94
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mr. Benjamin Richard Wallace

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Inez Wallace 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan 3 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Sheets, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Paper Setter (retired)

11. Industry or business St. Joseph Lead Co.

12. Name Mr. James W. Wallace

13. Birthplace Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Irene Kate (State or foreign country) 0

15. Birthplace Valley Mills, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mr. Richard Wallace (son)

(b) Address Flat River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14-1948
(Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Mission Park - Bonne Terre

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Cross St. Flat River, Mo.

19. (a) 12-17-48 (Data received local registrar) (b) Ethel Rudloff (Registrar's signature) 12/17/48

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Flat River, Mo. (If outside city or town limits, write "RURAL") 2

(d) Street No. 303 Cross St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 10
year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 9
1948 to Dec. 10 48

that I last saw him alive on Dec. 9 48
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with heart block.

Duration Several years.

Other conditions General arteriosclerosis Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy GA

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) 0

(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 M. J. Haw, Jr. (M. D. or other) MD

Address Bonne Terre, Mo. Date signed 12/13/48

RECEIVED

Officer No. 4

1248-1612

12-28-48

JAN 3 1949

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 2, Quincy, Mass

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.