

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2244

BIRTH NO. <u>291</u>		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5997</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>Wilson Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilson</u>		d. STREET ADDRESS (If rural, give location) <u>Unionville, Mo.</u>		
d. FULL NAME OF HOME OR INSTITUTION <u>home of Alrenzo Dow Wallace</u>				d. STREET ADDRESS (If rural, give location) <u>Unionville, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvia</u>			b. (Middle) <u>Hale</u>		c. (Last) <u>Wallace</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>January 24 1949</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 13 1870</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Robert Hurley</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lorenzo Dow Wallace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Wallace</u> ADDRESS <u>Unionville Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES <u>arteriosclerosis of hypertension</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 2, 1949</u> , to <u>Jan 3, 1949</u> , that I last saw the deceased alive on <u>Jan 13, 1949</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas L Gidd</u> (Degree or title) <u>D-02</u>				23b. ADDRESS <u>Armonville Mo.</u>		23c. DATE SIGNED <u>1-14-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scobee Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-29-49</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Koon</u> ADDRESS <u>Unionville Mo</u>				

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

86  
6

84  
1  
3

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 2-48

Date Filed FEB 2 1940

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. O. Hensley*

Licensed Embalmer No. 2975

P. O. Address Manonville

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.