

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19211**  
**2735**  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General #2</u>				e. STREET ADDRESS (If rural, give location) <u>1412 Warfield</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 15 54</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Sept. 11th. 1888</u>			
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monticello, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		14. NAME OF HUSBAND OR WIFE _____					
13a. FATHER'S NAME <u>Daniel Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Ridgell</u>		14. NAME OF HUSBAND OR WIFE _____					
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>496-09-1948</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethor B. Eckel</u>		ADDRESS <u>2528 Agnes</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				443X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Minute) _____			
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>5-29-54</u> to <u>6-15-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-29-54</u> , 19 <u>54</u> , and that death occurred at <u>3:15 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 W. 22nd</u>		23c. DATE SIGNED <u>6-16-54</u>			
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>6/18/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>6-17-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. B. Moore</u>		ADDRESS <u>1820 E. 18th St.</u>			

WRITE PLAINLY—USING 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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clifford L Woods*.....  
Licensed Embalmer No. *310*

P. O. Address *15-20 N. 11*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.