

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5182</u> Registrar's No. <u>206</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee, Twp. 9</u>		c. LENGTH OF STAY (In this place) <u>?</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neeleyslanding Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Neeleyslanding R I No</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Christen</u> c. (Last) <u>Wallman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug 13 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Wells Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Carl Wallman</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Steinwald</u>		
14. NAME OF HUSBAND OR WIFE <u>Emma Hoehl</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Wallman</u>		ADDRESS <u>Gordaville 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>Arteriosclerotic Cardiovascular Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						
DUE TO (c) <u>None</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
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) <u>4221</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Feb</u> , 19 <u>50</u> , to <u>Mar 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>D. J. Sedwacker M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>3-29-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Pocahontas Mo</u>		DATE REC'D BY LOCAL REG. <u>3-29-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Combs</u>		ADDRESS <u>400 Jackson Mo</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
Student Embalmer

Signed BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.