

650 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6462

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295
(b) Township Boone - South Primary Registration District No. 5415A
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 420 Charles Wallace St. Franklin Co. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Rosie Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1882
7. AGE YEARS 56 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pilot Knob Mo (STATE OR COUNTRY)

13. NAME Napoleon Wallace
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Rosie Wallace (ADDRESS) Leslie Mo

18. BURIAL, CREMATION, OR REMOVAL Edgar Co. Mo DATE Feb 6 1939

19. FUNERAL DIRECTOR E. H. Leys (ADDRESS) Beaufort Mo

20. FILED Feb 5 1939 Edgar Co. Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov 1 1938 to Feb 4 1939
I last saw him alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 1045 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary of Stomach Date of onset Feb 4 1939

Other contributory causes of importance: 46

Name of operation None Date of
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. H. Leys M. D.
(Address) Beaufort Mo

STATEMENT BY LICENSED EMBALMER

I, E H Termini

Licensed Embalmer No. 30

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not at all By no one

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

E H Termini

Licensed Embalmer No. 30

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Franklin

Registration District No. 295 1104

(b) Township Boone

Primary Registration District No. 54 15 A

Registered No. 20

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Franklin Co Mo St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Rosie Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 17 - 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

56

2

17

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work
was done, as saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pilot Knob Mo

13. NAME

Napoleon Wallace

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

unknown

17. INFORMANT
(ADDRESS)

Rosie Wallace
Franklin Co Mo

18. BURIAL, CREMATION, OR REMOVAL

Evergreen Cemetery

DATE Feb 6 1939

19. FUNERAL DIRECTOR
(ADDRESS)

E. H. Jennings
Beaufort Mo

20. FILED

1-15

1940

Chas. C. Schmitt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from
Nov 1 1939 to Feb 4 1939

I last saw him alive on Jan 20 1939 Death is said
to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

carcinoma of stomach Date of onset
unknown

Other contributory causes of importance:

Name of operation none

Date of none

What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. H. Matthews, M. D.

(Address) Beaufort Mo

