REC'D MAR 16 1939

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

6934
Do not use this space.

51

1. PLACE OF DEATH

(a) County Johnson 2 1 Registration District No. 427

(b) Township Madison Primary Registration District No. 42.53 Registered No. 8

(c) City Holden (d) Street No. ..... St.
(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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Walter Raymond Wallace

(a) Residence, No. ..... 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 Mary Ellen Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 – 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clothing Merchant
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) Holden Missouri

FATHER

13. NAME W. R. Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Missouri

MOTHER

15. MAIDEN NAME Lillian A. Hancock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Missouri

17. INFORMANT (ADDRESS) Gerald Wallace Hardin Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cemetery DATE Feb 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman Holden Missouri

20. FILED Feb 26, 1939 Mrs G. V. Redford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1939, to 2-25, 1939
I last saw him alive on 2-25, 1939 Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia P.L. Pneumoccus type VIII	2-19-39

108

Other contributory causes of importance: None Known

Name of operation none Date of ?
What test confirmed diagnosis? P. Lab 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) N. G. Thompson, M. D.
(Address) Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 9/11/39
Date Filed

FEB - 1951

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, Samuel B Ropp, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden, Mo.

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

If this body is not embalmed, above space should be left blank.