

APR 21 1939

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

11157
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 824 Ozark 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 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

420 INFANT son of Mr. & Mrs. Geo. Wallace
 (a) Residence, No. 824 Ozark St. (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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 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) Joplin Missouri

FATHER 13. NAME George Wallace

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

MOTHER 15. MAIDEN NAME Edna Orsaker

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

17. INFORMANT (ADDRESS) Geo. Wallace
824 Ozark, Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE March 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sanpher Matheny
Joplin Mo

20. FILED 3-20 1939 Ed D. Jasso Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939 to March 17, 1939
 I last saw him on Stillborn, 19..... Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Stillborn
(Macerated fetus)
8 mos. gestation
Syphilis
 Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

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? _____
 If so, specify W.B. Chapman, M. D.
 (Signed) _____ (Address) Joplin, Mo.

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.

RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-39-853

Date Filed APR 12 1939

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.....

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

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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, above space should be left blank.