

1939 JUN 12 1939

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

17003

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008** Registered No. **4537**  
(c) City **St. Louis** (d) Street No. **Missouri Pacific Hospital** St. **Mo.**  
(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

**457 Jesse Neal Walling**  
(a) Residence, No. **1015 Beach** St. **NR Texarkana, ARK**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elizabeth Walling</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>8-28-1875</b>			
7. AGE YEARS <b>63</b>	MONTHS <b>8</b>	DAYS <b>21</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Foreman</b>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Railroad</b>		
	10. Date deceased last worked at this occupation (month and year) <b>April 1939</b>		
11. Total time (years) spent in this occupation <b>40</b>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Louisiana</b>			
FATHER	13. NAME -		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -		
MOTHER	15. MAIDEN NAME -		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -		
17. INFORMANT <b>Clara Walling</b> (ADDRESS) <b>Texarkana, Ark</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Texarkana Ark</b> DATE <b>5-19-39</b>			
19. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc</b> (ADDRESS) <b>4700 Washington</b>			
20. FILE <b>MAY 18 1939</b> <b>J. H. [Signature]</b> Local Registrar			

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **April 20 1939** to **May 17 1939**.  
I last saw h. **in** alive on **May 17 1939**. Death is said to have occurred on the date stated above, at **11:30 a. m.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma of Tongue.** Date of onset **Dec 1938**

Other contributory causes of importance:  
**Reactionary Hemorrhage** 5/17/39

Name of operation **Radical Neck Dissection** Date of **5/8/39**  
What test confirmed diagnosis? **Biopsy** Was there an autopsy? **WB**

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 **John T. Vandover** M. D.  
(Signed) **Missouri Pacific Hospital**  
(Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1, 2-0-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Albert G. Laffer  
Licensed Embalmer No. 5971

**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.)**