

REC'D JUL 14 1939

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

22451
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
(b) Township Madison Primary Registration District No. 4253
(c) or City Holden (d) Street No. _____ St.
38 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 431 William Barnett Wallace

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jennie Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28- 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>5</u>	<u>16</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Johnson County (STATE OR COUNTRY) Missouri

FATHER 13. NAME H.L. Wallace

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

MOTHER 15. MAIDEN NAME Mary Ann Chapman

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

17. INFORMANT Miss Cliffie Wallace (ADDRESS) Holden Missouri

18. BURIAL, CREMATION OR REMOVAL X Holden Cemetery PLACE DATE June 17 1939

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

20. FILED June 16 1939 Wm S. V. Redford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1938, to June 15 1939

I last saw him alive on June 14 1939. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset _____
Generalized Arteriosclerosis
Myocarditis

Other contributory causes of importance:
Generalized Arteriosclerosis
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Kelly Rawlins, M. D.

(Address) Holden Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/13/39

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 W. L. Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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.