

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

33614
Do not use this space.

1. PLACE OF DEATH. **Saline** *RECD OCT 12 1939* Registration District No. **796**
 (a) County **Saline** Primary Registration District No. **3038** Registered No. **149**
 (b) Township **Marshall** (c) Street No. **350 South Grant Street** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
430 **Mary V. Wallace**
 2. PRINT FULL NAME **Mary V. Wallace**
 (a) Residence, No. **350 South Grant Street** 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 **Female** 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 **Wm. H. Wallace**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mch. 6, 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
62	6	6	4	

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

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) **Blackburn,** (STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **Chas. B. Masterson**

14. BIRTHPLACE (CITY OR TOWN) **Randolph County,** (STATE OR COUNTRY) **Missouri**

MOTHER

15. MAIDEN NAME **Sarah VanSickle**

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

17. INFORMANT **Mr. Wm. H. Wallace** (ADDRESS) **350 S. Grant St. Marshall,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Waverly Cem.** DATE **Sept. 11, 1939**

19. FUNERAL DIRECTOR (NAME) **P. J. Meester** (ADDRESS) **Bookville Missouri**

20. FILED **9-11-39** **Mary Kent** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 19**39**, to **Sept 10**, 19**39**
 I last saw him alive on **Sept 7, 1939** at **7.35 A.M.** Death is said to have occurred on the date stated above, at **7.35 A.M.**
 The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral Hemorrhage)
 Other contributory causes of importance: **Myocarditis**
930

Name of operation _____ 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 _____
 (Signed) **John R. Lawrence**, M. D.
 (Address) **Marshall, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should be written in plain terms.

RECEIVED
District Health Officer No. 8
District Fire Number
Date Filed 10/10/39

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

Signed Wm Ferguson
Licensed Embalmer No. 3350
P. O. Address Bronville, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.