

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42945

Registration District No. 1111

Primary Registration District No. 5160

Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Cleveland Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Lula Wallace

8. (b) If veteran,
name war _____

8. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 82 years

7. Birth date of deceased

Nov 3 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73

1

26

hr. _____ min.

9. Birthplace

Jessamine Co. Kentucky
(City, town, or county)

Kentucky
(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Younger P. Roberts

13. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name

Nancy Everhart

15. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

R. G. G. Waller

(b) Address

Stephens, Missouri

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Nov 31, 1939
(Month) (Day) (Year)

(c) Place: burial or cremation

Millersburg, Mo

18. (a) Signature of funeral director

R. G. G. Waller

(b) Address

Stephens, Missouri

19. (a)

Jan. 3, 1940
(Date received local registrar)

(b)

B. H. Stephens
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi South Stephens, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1939 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 1939,
that I last saw her alive on Nov 29, 1939,
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Carcinoma of
Umbilicus
Involving all
the glands of the body
Including the liver

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ M. D. or other _____

Address _____ Date signed 12/29/39

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.....

Harold J. Christy

Licensed Embalmer No.....

4002

P. O. Address.....

Pultow, 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.