

FILED APR 23 1940

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

11104

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 358
 (b) Township Shawnee Primary Registration District No. 6502
 or City Chilhowee M.R.D. District No. _____
 (c) 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.

Registered No. 32. PRINT FULL NAME Marlin Earl Wallace

(a) Residence, No. R.R. No. 2, Chilhowee, Mo. 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inf.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 hrs.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 hrs.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inf.
 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) Henry Co. Mo. (STATE OR COUNTRY) R.F.D. Chilhowee, Mo.

13. NAME Omer M. Wallace
 14. BIRTHPLACE (CITY OR TOWN) Clatford Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Thelma Miller
 16. BIRTHPLACE (CITY OR TOWN) Candace Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Omer M. Wallace (ADDRESS) Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeton, Mo. DATE 2-25-1940

19. FUNERAL DIRECTOR (NAME) R.A. Brannigan (ADDRESS) Leeton, Mo.

20. FILED 3/2 1940 E. G. Hilder Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1940, to 2-24, 1940.

I last saw him alive on 2-24, 1940. Death is said

to have occurred on the date stated above, at 12:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Premature
Contracted Pelvic of Mother
Delayed Labor
Instrumental Delivery
 Other contributory causes of importance:

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) H. G. Wiley, M. D.
 (Address) Leeton, Mo.

(Earl
Hibler)

Pettensburg

RECEIVED
District Health Officer No. 7,
District File Number 44-40-607
Date Filed 4-8-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{not embalmed} by me, or by

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

Signed R. A. Brauminger

Licensed Embalmer No. 3377

P. O. Address Laeton, W. Va.

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.