

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 Chilhowee Ward No. MAILED  
 (c) City Chilhowee Street No. \_\_\_\_\_  
 (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.

Registered No. 32. PRINT FULL NAME 420 Martin Earl Wallace

(a) Residence, No. R.R. No. 2, Chilhowee, Mo. St.   
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3 hrs.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Henry Co. Mo.</u> (STATE OR COUNTRY) <u>R.F.D. Chilhowee, Mo.</u>	
	13. NAME <u>Omer M. Wallace</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Crestford Co. Mo.</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Thelma Miller</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>Candace Co. Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Omer M. Wallace</u> (ADDRESS) <u>Chilhowee Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lecton, Mo.</u> DATE <u>2-25-1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>R.A. Brannigan</u> (ADDRESS) <u>Lecton Mo.</u>		
20. FILED <u>3/2</u> 1940 <u>E. G. Hibler</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 194022. 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 saidto 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:

PrematureContracted Pelvic of MotherDelayed Labor 16 hrs

Other contributory causes of importance:

Instrumental Delivery

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. Ulery, M. D.319 (Address) Lecton Mo.

(Earl  
Hibler)

Fetterburg

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~~ <sup>not embalmed.</sup> by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed R. P. Bruninger  
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.