

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

14200
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 38
 (b) Township Roaring River 2 Primary Registration District No. 2-0-2-2- Registered No. _____
 (c) City Seligman, Mo. (d) Street No. _____ 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.

2. PRINT FULL NAME

(a) Residence, No. 420 Jean Wallace Seligman, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17, 1857

7. AGE YEARS 88 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fortune
 9. Industry or business in which work was done, as saw mill, bank, etc. Telling
 10. Date deceased last worked at this occupation (month and year) _____ 11. If deceased was an inmate in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pier At New York Harbor (STATE OR COUNTRY) _____

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) _____

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) _____

17. INFORMANT O. B. Conner (ADDRESS) Seligman, Missouri R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seligman Cemetery Feb. 28, 1946

19. FUNERAL DIRECTOR (NAME) Horine & Culver (ADDRESS) Cassville, Missouri

20. FILED 4/11 1946 Emma Weddington Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26th 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Burned to death
 Date of onset _____

Other contributory causes of importance: House caught fire accident

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 2-26, 1940
 Where did injury occur? Body completely destroyed
(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) Shydeballan M. D.
 (Address) Monett, Mo

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. 6

District File Number 540-1198

Date Filed MAY-2-1940

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14200

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 38

Primary Registration District No. 5055

Registrar's No.

1. PLACE OF DEATH:

(a) County. Barry

(b) City or town. Roaring River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Jean Wallace

3. (b) If veteran name war.

3. (c) Social Security No.

4. Sex. Female

5. Color or race. White

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	10	9	h. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation. Fortunate

11. Industry or business in Home

MOTHER FATHER

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Feb day 26 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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. Floyd J. Bellamy M. D. or other. Address. Date signed.

SUPPLEMENTAL

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Handwritten text, possibly a signature or date, located in the middle-right section of the page.

Handwritten text at the bottom of the page, possibly a signature or date.