

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14595

State File No. _____

Registration District No. 171

Primary Registration District No. 4100

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Chariton
 (b) City or town Keytesville
 (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 all her life
 years, months or days 1/20

3. (a) PRINT FULL NAME LARA H. 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 widowed
 6. (b) Name of husband or wife James E. Wallace 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 3rd 1854
 (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 28
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Dr. J. J. Mathe
 13. Birthplace Orange & Grand Rivers Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Lamb
 15. Birthplace Orange & Grand Rivers Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lara Wallace
 (b) Address Keytesville

17. (a) Burial (b) Date thereof April 3, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville

18. (a) Signature of funeral director Hugh + Sawitt
 (b) Address Keytesville

19. (a) 4/3/40 (b) Miss Ray Sanders
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
 (c) City or town Keytesville
 (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 April day 1st
 year 1940 hour 7:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from August 24, 1939, to April 1, 1940
 that I last saw her alive on April 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Due to Cardio-vascular
complex
 Due to _____

Duration 7 hours

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? 150

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

23. Signature Carl C. Heger (M. D. _____)
 Address Keytesville, Mo. Date signed 4/3/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 29 1942

RECEIVED
District Health Officer No. 8,
District File Number 57872
Date Filed _____

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 H. D. Barnett
Licensed Embalmer No. 3046
P. O. Address Keyteville, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.