

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Greenwood Ave., Persimmon Grove
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 14 years
years, months or days)

3. (a) PRINT FULL NAME John William Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Lee Wallace 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 23 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Robert Wallace

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

14. Maiden name Mary Hunt

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

16. (a) Informant Bernice Loveall

(b) Address 9307 Commercial

17. (a) Crematorium (b) Date thereof 6
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Clarence Prichard

(b) Address Excelsior Springs, Mo.

19. (a) June 8 1946 (b) Mrs. R. M. McQueen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Greenwood Ave., Persimmon Grove
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 6 minute A M.

21. I hereby certify that I attended the deceased from April, 1938, to Present time;
that I last saw him alive on June 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
arteriosclerosis

Due to _____

Due to 9410

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)
(b) Means of injury _____

23. Signature Reginald B. Robinson (M. D. or other) _____

Address Excelsior Springs, Mo. Date signed 6/8/40

RECEIVED

District Health Officer No. 8

Service File Number

Date Filed

4-16-40

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

Robert Ray

Registered Apprentice No. 226

working under my personal supervision.

Signed

Claude Richard

Licensed Embalmer No. 2757

P. O. Address Excelsior Springs, 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.