

1 OCT 23 1940
Registration District No. 1

Primary Registration District No. 200

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Rural Benton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
In this community Life
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Sherman Wallace

8. (b) If veteran, name war --- 9. (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 Elizabeth Setters 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 18 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Robert Wallace

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

14. Maiden name Jane Boen

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

16. (a) Informant Elizabeth Wallace

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 9-27-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sloans Point Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirkville, Missouri

19. (a) 9/27/1940 (b) Spencer L. Freeman
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #5
(If rural, give location)
(e) If foreign born, how long in U. S. A. ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from August 12
1940 to Sept 24, 1940
that I last saw him live on Sept 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 105

Due to 105

Other conditions (Includes 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?

3 While at work? (Specify type of place) (e) Means of injury

23. Signature R. R. Ellis (M. D. or other)

Address Kirkville, MO Date signed Sept 26

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-40-2004

Date Filed OCT 24 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

Harold H. Nagel

Licensed Embalmer No. 4076

P. O. Address Tricksville, N.C.

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.