

Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lamar  
(b) City or town Marionville  
(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 2  
(Specify whether years, months or days) 2 2 years

3. (a) PRINT FULL NAME Martha Elizabeth Wallace

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W.  
6. (b) Name of husband or wife Father Wallace 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased December 29, 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Earnhart

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

14. Maiden name Esther Wise

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

16. (a) Informant Henry Wallace

(b) Address Pleasant Hope, Mo.

17. (a) Burial (b) Date thereof Nov 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem.

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

(b) Address Billing Mo.

19. (a) Nov. 23, 1940 (b) Edna C. Cannady  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lamar  
(c) City or town Marionville  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23  
year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 14, 1940 to Nov. 23, 1940  
that I last saw him alive on Nov. 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio-vascular - Renal  
Due to Orisease

Due to

Other conditions  
(Include pregnancy within 3 months of death) 121

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?

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

23. Signature P. L. Lacey (M. D. or other)

Address Marionville Date signed 11-23-40

RECEIVED

District Health Officer No. 6,

District File Number 1240-2971

Date Filed DEC 9 1940

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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, Andrew Forbis

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Andrew Forbis

Licensed Embalmer No. 3649

P. O. Address Billings, 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.