

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

42662

Registration District No. 370

Primary Registration District No. 4216

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Holt  
(b) City or town Forest City, Missouri  
(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 (Specify whether  
In this community One Year  
years, months or days) 2

3. (a) PRINT FULL NAME John Nelson Wallace

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora E. Wallace 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased February 12, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 9 28 hr. min.

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

10. Usual occupation Common laborer

11. Industry or business

MOTHER FATHER { 12. Name John Wallace  
13. Birthplace Unknown, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Smith  
15. Birthplace Unknown, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. T. Lease  
(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Dec 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyd Cemetery18. (a) Signature of funeral director Pettyjohn Funeral Service(b) Address Oregon, Missouri

19. (a) 12-12-40 (b) Ralph C. Moore  
(Date received local registrar) (Registrar's signature) Deputy

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Holt  
(c) City or town Forest City  
(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 December day 10 th  
year 1940 hour 9 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 8,  
1940 to Dec. 10, 1940

that I last saw him alive on Dec. 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 2 days

Due to Arterio sclerosis and enlargement of heart

Due to

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

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

23. Signature John Chandler (M. D. or other) \_\_\_\_\_Address Oregon, Mo. Date signed 12-12-40

**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.....

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

Signed.....

*James W. Pittzahn*

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.**