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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3919

Registration District No. 703 | Primary Registration District No. 4424 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Humansville
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 84
(a) State: Mo (b) County: Polk 0
(c) City or town: Humansville 0
(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.? ____ years.

3. (a) PRINT FULL NAME: Robert Jefferson Wall
3. (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: Widowed
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: April (Month) 10 (Day) 1853 (Year)

8. AGE: Years 87 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county): ____ (State or foreign country): Mo 0
10. Usual occupation: Retired Farmer
11. Industry or business: ____
MOTHER FATHER
12. Name: Anderson Wall
13. Birthplace (City, town, or county): ____ (State or foreign country): unknown
14. Maiden name: unknown
15. Birthplace (City, town, or county): ____ (State or foreign country): unknown
16. (a) Informant: Raymond Stanford
(b) Address: Humansville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 23 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hermitage Cemetery
18. (a) Signature of funeral director: Joseph & Firestone
(b) Address: Humansville, Mo
19. (a) Jan 24 1941 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1941 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan 21, 1941 that I last saw him alive on Jan 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to:	
Due to: Influenza	
Other conditions (Include pregnancy within 3 months of death): 92 F	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: Preston Sterrett (M. D. or other) D
Address: Humansville Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-298
Date Filed 2-10-41

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 Charles Gilbert Hathaway, Registered Apprentice No. 269 working under my personal supervision.

Signed Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Humansville

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, fact should be so stated above.