

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7714**

ED MAR 20 1941
Registration District No. **625-**

Primary Registration District No. **3031**

Registrar's No. **17**

1. PLACE OF DEATH: **Nodaway**
(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Mable Clara Wallace**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alfred Marion** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **AUG. 22, 1883** (Month) (Day) (Year)

8. AGE: **Y 37** Months **5** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Red Oak Ia.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Solomon Watt**

MOTHER FATHER { 12. Name _____
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Anna M. Pace**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Alfred M. Wallace**
(b) Address **Maryville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 5-41**
(c) Place: burial or cremation **Miriam Cemetery**

18. (a) Signature of funeral director **Paul Funeral Home**
(b) Address **Maryville, Mo.**

19. (a) **2-7-41** (Date received local registrar) (b) **Mavis E. Clardy** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Nodaway**
(c) City or town **Maryville** (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 **Feb** day **3**
year **1941** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 15** to **Feb 3**, 1941, and that death occurred on the day and hour stated above.

Immediate cause of death **Primary Carcinoma of Breast**
Due to **Primary Carcinoma of Breast**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **50**

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? **556**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **H. M. Belli Jr** (M. D. or other) **M.D.**
Address **Maryville Mo** Date signed **2-5-41**

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

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marquette 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.