

APR 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9902

Registration District No. 2

Primary Registration District No. 202

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Bolckow  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 1/2 mi. N. East.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME LAURA VIRGINIA WALLACE

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

4. Sex 7. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife William Spangler Wallace 6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased July 23 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Nodaway Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Eligah Buford Heflin  
13. Birthplace Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Savisa Markwell  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Smith

(b) Address Clearmont Mo.

17. (a) Burial (b) Date thereof Apr. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Mo.

18. (a) Signature of funeral director John W. Price  
(b) Address Marionville Mo.

19. (a) Apr 4, 1941 (b) W. B. Wood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew  
(c) City or town Bolckow (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 142 N  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 1 year 1941 hour 8 minute p. M.

21. I hereby certify that I attended the deceased from Apr. 1st 1941 to April 1 1941; that I last saw h. er alive on April 1st 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis and Mitral Stenosis Duration 5 yrs

Due to \_\_\_\_\_ Due to \_\_\_\_\_

Other conditions Arterio Sclerosis 5 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none  
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? \_\_\_\_\_

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

23. Signature A. H. Kelly (M. D. or other) 10  
Address Bolckow Mo. Date signed April 4

**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

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address

*Maryville 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.**