DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10439

FILED APR 10 1941

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 97

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Miller
(c) City or town: Iberia
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Ronald Gail Wall
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June (Month) 14 (Day) 1938 (Year)
8. AGE: Years 2 Months 9 Days 14 If less than one day hr. min.
9. Birthplace: San Jose (City, town, or county) Calif. (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Gail Wall
13. Birthplace: Iberia (City, town, or county) Mo (State or foreign country)
14. Maiden name: Mae Kadk
15. Birthplace: Iberia (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Gail Wall
(b) Address: Iberia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Iberia Mo
18. (a) Signature of funeral director: C. L. Casey
(b) Address: Iberia, Mo
19. (a) 3/28/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 1941 hour 7 minute a M.
21. I hereby certify that I attended the deceased from 3/15 41, 19..., to 3/28, 1941; that I last saw him alive on 3/28, 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to: Meningitis Pneumococcus
Due to: Myocarditis
Other conditions (Include pregnancy within 3 months of death)
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: M R Aldridge (M. D. or other)
Address: Jefferson City, Mo. Date signed 3/28

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.