

Registration District No. 619

Primary Registration District No. 5821

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Clearmont, Mo.
(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 _____
In this community 65 yrs. near Clearmont
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Clearmont, Mo. (Rural)
(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. ? 0 years.

3. (a) PRINT FULL NAME Nettie Alice Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William P. Wallace 6. (c) Age of husband or wife if alive 69 yrs years

7. Birth date of deceased Jan. 29, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Boone, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John William Shearer

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary Caroline Phipps

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Wallace

(b) Address Clearmont, Mo.

17. (a) Burial (b) Date thereof 4 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont, Mo.

18. (e) Signature of funeral director John W. Price

(b) Address Manchester Mo.

19. (a) 4/20-41 (b) W.B. Humphrey
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June
1938 to April 20 1941;
that I last saw her alive on April 19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes Mellitus Duration 3 yrs.

Due to _____

Due to _____

Other conditions 61
(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? _____

550 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature J. E. Wallace (M.D. or other) W.O.

Address Burlington, Mo. Date signed 4/21/41

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 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.