

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17959

Do not use this space.

1. PLACE OF DEATH

(a) County 26olt Registration District No. 370
(b) Township Forest Primary Registration District No. 4216
(c) City Forest City (d) Street No. 1 Registered No. 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN WILLIAM WALLACE

(a) Residence, No. Forest City, Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phoebe Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1853
7. AGE YEARS 88 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) 26olt, County
(STATE OR COUNTRY) Mo

13. NAME Robert Wallace
14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) ?

15. MAIDEN NAME Jane Godwin
16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) ?

17. INFORMANT C. A. Wallace
(ADDRESS) Forest City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton Cem DATE May 11, 1941

19. FUNERAL DIRECTOR (NAME) Fred Lohmeyer
(ADDRESS) Savannah, Mo

20. FILED 5-10 1941 W. D. Schaeffer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1941 to May 10, 1941
I last saw him alive on May 8, 1941. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: 42 W

Name of operation Physician Date of May 10
What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. D. Schaeffer M. D.
(Address) Forest City, Mo

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, above space should be left blank.