

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21717**
Registrar's No. **513**

Registration District No. **318**

Primary Registration District No. **2001**

1. PLACE OF DEATH
GREENE

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **LaVona Moore Wallace**

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

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

6. (b) Name of husband or wife **T. F. Wallace** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **February 14, 1881**
(Month) (Day) (Year)

8. AGE: Years **60** Months **4** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

12. Name **E. B. Moore**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Viola Payne**

15. Birthplace **Unknown Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **T. F. Wallace**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **6/25/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Patterson Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **6-25-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **897 Normal**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1941** hour **7:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 20**, 1941, to **June 24**, 1941;
that I last saw him alive on **June 23; 10 P.m.**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized metastatic Carcinomatosis**

Due to **Squamous cell Carcinoma of Cervix (primary)**

Due to **48**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Squamous Cell Carcinoma of Cervix with metastases**
Of operations _____
Of autopsy _____

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?

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

23. Signature **R. T. Terrell** (M. D. or other)
Address **Springfield, Mo** Date signed **6-26-41**

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:

Licensed Embalmer No. 3802

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.