

FILLED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22937

State File No. _____

Registration District No. 1065

Primary Registration District No. 6133

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rockaway Beach
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Boone
(c) City or town Harrison, Ark
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esper H Wallace
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20/1941
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lelan 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Oct. 7 1898
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____
Due to Heart Failure
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
42 8 13 hr. _____ min. _____

9. Birthplace Yardall, Newton, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Fireman

11. Industry or business
12. Name P.W. Wallace
13. Birthplace Western Grove, Ark
(City, town, or county) (State or foreign country)
14. Maiden name Mary Moore
15. Birthplace Yardall, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant W.E. Waller
(b) Address Harrison, Ark
17. (a) Removal (b) Date thereof 6/21/41
(Month) (Day) (Year)
(c) Place: burial or cremation Harrison, Arkansas

18. (a) Signature of funeral director Wm. W. Welch
(b) Address Branson, Mo.
19. (a) 6/25/41 (b) J. E. Adams
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? 179
(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature H.P. Knowles M.D. (M. D. or other) O.M.D.
Address Rockaway Beach, Mo. Date signed 6-20/41

(Licensed Embalmer's Statement on Reverse Side)

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

390

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RECEIVED

District Health Officer No. 6,

District File Number 741-1254

Date Filed JUL 18 1941

JUL 25 1941

AUG 8 1941

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S-22937