DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31223

Registration District No. 119 Primary Registration District No. 5704A Registrar's No.

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Rural - Auglaize Tp.
(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 years, months or days) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Camden
(c) City or town Rural Auglaize Tp. 15
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Lois Dean 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 8 (Day) 1941 (Year)
8. AGE: Years 0 Months 0 Days 27 If less than one day hr. min.
9. Birthplace Rural Auglaize Tp. Camden Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
12. Name Claud Wallace (Father)
13. Birthplace Montreal Mo (City, town, or county) (State or foreign country)
14. Maiden name Ethel Sandage (Mother)
15. Birthplace Linn Creek Mo (City, town, or county) (State or foreign country)
16. (a) Informant Claud Wallace
(b) Address Montreal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6/941 (Month) (Day) (Year)
(c) Place: burial or cremation Montreal Mo
18. (a) Signature of funeral director none
(b) Address
19. (a) Sept 10 - 1941 (Date received local registrar) (b) Mrs W. J. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1941 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Aug 8, 1941, to Sept 5, 1941; that I last saw her alive on Sept 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhoea — Duration Sept 1/941
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

119a

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 Everett A. Oliver (M. D. or other) M.D.
Address Richland Mo Date signed 9.5.1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 18-41-1792
Date Filed 10 21-41

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 the above constitutes grounds for revocation of license.)

- If this body is not embalmed, above space should be left blank.