

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31699

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8607 Wilson Road K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 Years
(Specify whether years, months or days)

3. (a) PRINT

FULL NAME Jefferson Davis Wallace

3. (b) If veteran,
name war nil

3. (c) Social Security
No. nil

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Gertrude E. Wallace

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased March
(Month)

3 1861
(Day) (Year)

8. AGE:

Years
80

Months
6

Days
22

If less than one day

hr. min.

9. Birthplace Jackson County
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation Merchant

11. Industry or business Meat

12. Name John C. Wallace

13. Birthplace Memphis
(City, town, or county)

Tenn.
(State or foreign country)

14. Maiden name Nellie Duncan

15. Birthplace Richmond Va.
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant Mrs. Gertrude Wallace

(b) Address 8607 Wilson Road

17. (a) Burial (b) Date thereof Sept. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn- Indep. Mo.

18. (a) Signature of funeral director Ott-Mitchell

(b) Address 310 N. Main Indep. Mo.

19. (a) Sept 27, 1941 (b) J. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8607 Wilson Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1941 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 13
1941 to Sept 25 1941
that I last saw him alive on Sept 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Intellectual destruction

Duration

1 month

Due to

Carcinoma of Colon

6 mo

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury

23. Signature J. L. Cook (M. D. or other)

Address Indep. Mo. Date signed Sept 27, 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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, fact should be so stated above.