

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

FILED OCT 28 1941

Registration District No. 398

Primary Registration District No. 3019

State File No. _____

Registrar's No. 269

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME LEONA B. WALLACE
(b) If veteran, name war none
(c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married Married
(b) Name of husband or wife Carson Reed Wallace
(c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 21 - 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 20 If less than one day
hr. min.

9. Birthplace Viola, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Bradley
13. Birthplace Mercer Co., Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Blanche Schaffer
15. Birthplace no record 19th Mass
(City, town, or county) (State or foreign country)

16. (a) Informant Carson Reed Wallace
(b) Address Morris, Kans.

17. (a) Burial (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glacial Hills Cem.

18. (a) Signature of funeral director George E. Carson
(b) Address Independence, Mo.

19. (a) 10-13-1941 (b) H. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Morris (If outside city or town limits, write "RURAL")
(d) Street No. P.R. 2 (If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 11
year 1941 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____
to _____, 19____, to _____, 19____;
that I am _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

10-20-30 lacerations of R. arm,
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Inspection
181-15
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) Accident
(b) Date of occurrence 10-6-41
(c) Where did injury occur? Jackson Co. Mo.
(City or town) (County) (State)
(d) Did injury occur: (or about home, on farm, in industrial place, in public place?)
(Specify type of place) (e) Means of injury
While at work _____
23. Signature George E. Carson (M. D. or other)
Address K.C. Mo. Date signed _____

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.....

Frank A. Lib

Licensed Embalmer No. *2467*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31721
Registrar's No. _____

Registration District No. 398

Primary Registration District No. 3019

1. PLACE OF DEATH:

- (a) County Jackson
(b) City or town Independence
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Leona B. Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Oct 21, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 23 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 7 41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I know how he _____, live on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____

Due to 10-20-30 burns of the arms, legs + chest face
back
Explosion of gas in a relative's home
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
181-15

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 7, 1941
(c) Where did injury occur? Indep. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At the home of a relative
While at work? visiting (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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SUPPLEMENTARY

S-31721 1941