

FILED NOV 13 1941

Registration District No. 775Primary Registration District No. 6220Registrar's No. 70

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre R-1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 16th St

(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____

8. (a) PRINT FULL NAME MARY ELIZABETH WALLACE

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 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 April - 21 - 1922
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
19 5 23 hr. min.9. Birthplace Belton, Mo. (City, town, or county) (State or foreign country)10. Usual occupation High School Student

11. Industry or business _____

12. Name MILES WALLACE13. Birthplace Clay Center, Kansas (City, town, or county) (State or foreign country)14. Maiden name Ada Rees15. Birthplace Greensburg, Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Miles Wallace(b) Address Bonne Terre, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/41 (Month) (Day) (Year)(c) Place: burial or cremation Belton, Mo.18. (a) Signature of funeral director Benjamin Work(b) Address Bonne Terre, Mo.19. (a) 10/14/41 (Date received local registrar) (b) V. W. Naudin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")(d) Street No. R. F. D. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1941 hour 7 minutes 30A M.21. I hereby certify that I attended the deceased from By Inquest
Slutchen October 14th, 1941;that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Inquest Pending Duration _____Jury verdict: We the juryfound the deceased came tohis death by cause unknownto the juryAmalgam Oct 20, 1941.stry & Amia Poisoning.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Pending analysis
of contents of stomach22. If death was due to external causes, fill in the following: Not determined

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence October 14, 1941(c) Where did injury occur? Bonne Terre, St. Francois Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at her home on farm.While at work? No (Specify type of place) (a) Means of injury Uncertain
Placenta Raywell Cocones
23. Signature (M. D. or other) _____
Address Bonne Terre Mo Date signed 10/14/41

PHYSICIAN

Underline the cause to which death should be charged statistically

10-11-11

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 with the above constitutes grounds for revocation of license.)

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

S-35958