

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38252

State File No. _____

Registration District No. 293

Primary Registration District No. 5416

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Calvey
(c) Name of hospital or institution near Robertsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years. (Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Frank Wallace

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

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

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

7. Birth date of deceased May 3 - 1874
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Mo.
(City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

12. Name James P. Wallace - 9

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

14. Maiden name Mary Ann

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

16. (a) Informant J. Wm Shannon

(b) Address Robertsville Mo.

17. (a) Rural (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Picking

18. (a) Signature of funeral director Shannon

(b) Address St. Clair Mo.

19. (a) 10-1-41 (b) Mary Ann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Rural Robertsville
(If outside city or town limits, write "RURAL")
(d) Street No. Calvey
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31
year 1941 hour 12 minute 45.00 M.

21. I hereby certify that I attended the deceased from 10-1, 1941, to 10-31, 1941
that I last saw him alive on 10-28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death senility
Due to _____
Due to _____

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)
gangrene of right foot

Major findings:
Of operations _____
Of autopsy _____

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)
(4) Means of injury 0

23. Signature Wm. Denny (M. D. or other) M.D.
Address Union Mo Date signed 11-1-41

240 (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.....

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

Signed.....

Shemwood Kitchell

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, 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.