

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43210

Registration District No. 872

Primary Registration District No. 6156A

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Drywood Tex.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada, Mo R.F.D. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 yrs
years, months or days

3. (a) PRINT FULL NAME Laura Bell Wallace

3. (b) If veteran, _____ 3. (c) Social Security
number war no No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Wallace 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased May 23, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 28 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business at home

MOTHER FATHER { 12. Name Adam Tichett
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Hanny Baker
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J.M. Wallace
(b) Address Nevada Mo R#3

17. (a) Burial (b) Date thereof 12/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avola Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) Dec 30-42 (b) Wm R. Earl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Nevada, Mo R#3 30
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21,
year 1941 hour 7:20 minute P M.

21. I hereby certify that I attended the deceased from Nov 1941 to Dec 21, 1941;
that I last saw her alive on Dec 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration ?
Arteriosclerosis
Hemiplegia
Chronic interstitial nephritis
Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:
Of operations _____
Of autopsy _____

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 Ch. King (M. D. or other) _____
Address Nevada, Mo Date signed 12-23-41

RECEIVED

District Health Officer No. 7,

District File Number

12-41-2138

Date Filed

1-8-42

RECEIVED
District Health Officer No. 7
District File Number
Date Filed

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

Lloyd B. Winsett

Licensed Embalmer No.

3857

P. O. Address

Murad, 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.