

Registration District No. 8

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: 1 block East Junction Amazonia rd. & St. Jo. Ave. on C.G.W. Ry. tracks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 10 years, 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1221 1/2 Grand Avenue,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wallace William Violet,

3. (b) If veteran, name war None, 3. (c) Social Security No. 491-10-9102

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,  
(b) Name of husband or wife Lena A. Violet, 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased February 6th, 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrew County, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation Trucker (Auto)

11. Industry or business Paving Company,

12. Name George H. Violet,

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

14. Maiden name Nancy Ann Hixson,

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

16. (a) Informant Mrs. Wallace W. Violet

(b) Address 1221 1/2 Grand Avenue,

17. (a) Burial (b) Date thereof 4/9/42, (Month) (Day) (Year)

(c) Place of burial or cremation Amazonia, Mo. Reformed Cemetery

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address 319 So. 10th. Street, St. Joseph, Mo.

19. (a) 4-9-42 (b) Wallace W. Violet (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th. year 1942 hour 9:00 minute \_\_\_\_\_ a. M.

21. I hereby certify that I viewed the deceased from on April 7, 1942 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Mutilation of head, trunk and limbs Duration 1 day.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Man was killed in an auto.  
Major findings: Of operations Truck - Train Collision on a highway crossing bridge  
Of autopsy no [at] Amazonia road, Buchanan County maintained road.

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 131

(b) Date of occurrence April 7 - 1942

(c) Where did injury occur? St. Joseph, Buch, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway + Railroad Crossing  
While at work? yes (Specify type of place) (e) Means of injury Train - Auto

23. Signature H. F. Mandy (M. D. coroner)  
Address 404 So 3d St Date signed 4/8/42

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

711  
1  
7

APR 16 1942

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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.....

.....  
working under my personal supervision.

*Not Embalmed* Registered Apprentice No. ....

Signed *Wm E. Summerfield* .....

Licensed Embalmer No. *3007* .....

P. O. Address *2192 10th St Joseph* .....

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.