

S. No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10771

Registration District No. FILED APR 30 1942

Primary Registration District No. 543A

Registrar's No. 168

39  
0  
0

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural / Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Springfield Route #5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 69 years  
(years, months or days)

3. (a) PRINT FULL NAME Wilburn Marcus Fallin

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. None

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Fallin

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 31 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>II</u>	<u>I</u>	hr. min.

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

10. Usual occupation Live Stock Dealer

11. Industry or business Retired

12. Name Joe Sephus Fallin

13. Birthplace Warren County, Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Reed

15. Birthplace No Record Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Orin J. Fallin

(b) Address Route 5, Springfield, Mo.

17. (a) Burial (b) Date thereof 3/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Springfield, Mo.

19. (a) 3-4-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural - Campbell  
(If outside city or town limits, write "RURAL")

(d) Street No. Springfield Route #5  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd.  
year 1942 hour 5:34 minute P. M.

21. I hereby certify that I attended the deceased from March 1st, 1942, to March 2, 1942, that I last saw him alive on Feb. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Chronic Hypertension  
Arteriosclerosis

Due to Cerebral thrombosis (Apoplexy) with paralysis (hemiplegia right) on Mar 1, 1941.

Other conditions (Include pregnancy within 3 months of death)

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) (e) Means of injury 0

23. Signature [Signature] (M. D. or other)  
Address Springfield, Mo. Date signed 3-3/42

**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 *R. H. Greene*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.**