

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11807
State File No. _____
Registrar's No. 3

FILED APR 3 1942
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community One Year
years, months or days)

3. (a) PRINT FULL NAME John Henry Wallace

3. (b) If veteran, name was No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Wallace 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 30 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 10 _____ hr. _____ min.

9. Birthplace Green Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Henry Wallace
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Barton
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mr John Wallace
(b) Address New Melle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Melle, Mo

18. (a) Signature of funeral director Marion Munday
(b) Address Wentzville Mo

19. (a) 3/13/42 (Date received local registrar) (b) Drene Rickmers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near New Melle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1942 hour 4 minute a M.

21. I hereby certify that I attended the deceased from March 9th 1942 to March 9th 1942
that I last saw him alive on March 9th and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy) Duration _____

Due to Arterio sclerosis, high blood pressure

Due to _____

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy No 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 _____

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 _____

23. Signature Benjamin Brandt (M. D. or other) _____

Address Hotel Mo Date signed 3-13-42

(Licensed Embalmer's Statement on Reverse Side)

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

684

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.....

Marion Murchany

Licensed Embalmer No. **2461**

P. O. Address **Wentzville 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.