No. 2
-4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15895

State File No.

FILED MAY 13 1942

Registration District No. 8 [illegible]

Primary Registration District No. 6201

Registrar's No. 7

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

12
0
0

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Washington 116

(c) City or town Fayetteville 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME George Raymond Wallick

3. (b) If veteran, name war

3. (c) Social Security No. 430-09-3694

4. Sex M. O

5. Color or race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive about 36 years

7. Birth date of deceased April (Month) 6 (Day) 1904 (Year)

8. AGE: Years 38 | Months | Days 21 | If less than one day hr. min.

9. Birthplace Los Angeles (City, town, or county) Cabjornh (State or foreign country)

10. Usual occupation Musician

11. Industry or business

FATHER
12. Name S S Wallick
13. Birthplace Penn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frankie Mordand
15. Birthplace Iowa 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Wallick
(b) Address Fayetteville Ark

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Fayetteville Ark

18. (a) Signature of funeral director
(b) Address

19. (a) 5-2-42 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck

Due to car wreck

Due to car-truck collision

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170 c.8 22

Of autopsy

Duration

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.
(b) Date of occurrence 4-27-1942 112
(c) Where did injury occur? #60 Highway Webster mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1½ mile W. of Seymour mo (Specify type of place)
While at work? (e) Means of injury car wreck

23. Signature E. G. Beers (M. D. or other) Coroner
Address Date signed 4-28-42

1067

(Licensed Embalmer's Statement on Reverse Side)

P

RECEIVED
District Health Officer No. 6,
District File Number 542-675
Date Filed MAY 12 1942

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 H K Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.