

FILED JUN 11 1942

Registration District No. 69

Primary Registration District No. 5633

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 76 days
(Specify whether
In this community 76 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demi
(c) City or town Beach Orchard
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hubert Wallace

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 5 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1942 hour 10:55 minute 50 M.
I hereby certify that I attended the deceased from Jan 21 1942 to Apr 5 1942
and that I last saw him alive on Apr 5 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pul. Tbc -

8. AGE: Years 39 Months 8 Days 0
If less than one day hr. min.

9. Birthplace Kennett mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

MOTHER FATHER
12. Name Warren Wallace
13. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)
14. Maiden name Leola Battles
15. Birthplace Clifton Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Emo Myrland

(b) Address Missouri State San

17. (a) Removal (b) Date thereof April 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Biggott Arkansas

18. (a) Signature of funeral director Biggott Funeral Home
(b) Address mt Vernon Mo

19. (a) 5/6-42 (b) audy [signature]
(Date received local registrar) (Registrar's signature)

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 136'

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 0

23. Signature James C. Brock (M. D. or other) M.D.
Address mt Vernon Date signed 4/6/42

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

RECEIVED

District Health Officer No. 6,

District File Number 642-802

Date Filed JUN 9 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 Mrs H. Q. Fossett

Licensed Embalmer No. 2720

P. O. Address Mrs. Vernon, WCO

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.