S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

33005

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2236

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1213 West 20th. St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
48
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F
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 West 20th. St. Terrace
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME James William Wallace
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Irene Wallace
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August (Month) 26th. (Day) 1890 (Year)
8. AGE: Years 52 Months 1 Days 16 12 If less than one day hr. min.
9. Birthplace Kansa City, Missouri (City, town, or county) O (State or foreign country)
10. Usual occupation Paper hanger
11. Industry or business Retired.
MOTHER FATHER
12. Name James M. Wallace
13. Birthplace Kansas (Doniphen County) (City, town, or county) (State or foreign country)
14. Maiden name Anna Teresa McFarland
15. Birthplace Chicago (City, town, or county) all (State or foreign country)
16. (a) Informant Mrs. Helen I. Wallace
(b) Address 1213 West 20th. Terr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.St. Mary's
18. (a) Signature of funeral director J. F. Donnelly & Sons
(b) Address 3256 Broadway
19. (a) 10/11/42 (Date received by registrar) (b) M. M. Crowe (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 8 day 8
year 1942 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h[illegible] alive on ....., 19.....;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary Hemorrhage Sudden (Result of) | |
| Due to: Pulmonary Tuberculosis | 6 years. |
| Due to: Influenza Pneumonia | 6 yrs ago |
| Other conditions. (Include pregnancy within 3 months of death) 13 B' | |

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 O

23. Signature Isadore Anderson (M. D. or other)
Address 723 W 45th Date signed 10-10-42

(Licensed Embalmer's Statement on Reverse Side)

Anderson
723 N. 45th

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.**