

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 5 1943

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 45

72
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF BIRTH:

(a) County New Madrid

(b) City or town Portageville
(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 3 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County New Madrid

(c) City or town Portageville Mo.
(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 Taylor A. Wallace

3. (b) If veteran, name war _____

3. (c) Social Security No. 429-10-945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1942 hour 1 minute A M.

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

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 15 1909
(Month) (Day) (Year)

Immediate cause of death No Medical Attendant by full record death was due to Syphilis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>1</u>	<u>13</u>	hr. _____ min.

9. Birthplace Coronath Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Mill Worker

11. Industry or business _____

12. Name Nathaniel Wallace

13. Birthplace Coronath Miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Edna Mahoy

15. Birthplace Hardin Co. Ky
(City, town, or county) (State or foreign country)

Major findings: Of operations 309

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edna Wallace

(b) Address Evary Missouri

17. (a) Removed (burial, cremation, or removal)

(b) Date thereof 12-19-43
(Month) (Day) (Year)

(c) Place: burial or cremation Coronath Miss

18. (a) Signature of funeral director Paul C. Dean

(b) Address Portageville Mo.

19. (a) Jan 24 43 (Date received local registrar)

(b) Edith Largent (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Leo Hedgcock (M.D. or other)

Address New Madrid Date signed 1/1-43

1187

RECEIVED

District Health Office No. 2

District File Number 243-142

Date Filed 2-3-43

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.....

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address.....

Portageville

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.