

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County Madaway
 (b) City or town Marysville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 405 N. Water
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether

In this community
years, months or days3. (a) PRINT
FULL NAMELarry Gene Wallace

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced SO
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 23 42
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 20 _____ hr. _____ min.

9. Birthplace Marysville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Rose Emma Wallace
 15. Birthplace Marysville Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Rose Emma Wallace
 (b) Address 405 N. Water
 17. (a) Burial (b) Date thereof 1-13-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address Marysville, Mo
 19. (a) 1-16-43 (b) Mary Coile
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Madaway
 (c) City or town Marysville Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 405 N. Water
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
 year 1943 hour 11 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 1/12/43
 _____, 19____, to 1/13, 19____
 that I last saw him alive on 1/13
 and that death occurred on the date and hour stated above.

Immediate cause of death

congenital heart disease

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of _____

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature John E. Egley (M. D. or other) 20
Marysville, Mo. Address Date signed 1/15/43

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..... *W. Leean Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Maryville, 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.