S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6670

FILED MAR 13 1943

Registration District No. 1257 — Primary Registration District No. 3028 — Registrar's No. 53

49 1 3

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 49 1 3

(a) State Missouri (b) County Jasper

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

(d) Street No. 1123 Grand Ave, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Jennes[illegible] 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 Married

6. (b) Name of husband or wife Lila

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

7. Birth date of deceased June (Month) 28 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	23	hr. min.

9. Birthplace Ft. Scott (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business None

FATHER

12. Name V A Wallace

13. Birthplace (City, town, or county) Vermont (State or foreign country)

MOTHER

14. Maiden name Alice Bryan

15. Birthplace North Middletown Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Lila Wallace

(b) Address 1123 Grand Ave, Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Feb. 22 '43 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour 1 minute 5 A. M.

21. I hereby certify that I attended the deceased from Feb 14, 1943, to Feb. 21, 1943; that I last saw him alive on Feb 20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	6 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	
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

23. Signature [illegible] Wallace (M. D. or other) M.D.

Address Carthage, Mo. Date signed 2-22-43

43-2-167

MAR 17 1943

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.