

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14598

State File No.

FILED MAY 13 1943
Registration District No. 36

Primary Registration District No. 2001

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2021 Murphy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)
In this community 60 yrs

3. (a) PRINT

FULL NAME James M. Wallace

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jennie Wallace

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 6, 1855
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

87

10

12

hr. min.

9. Birthplace Ill.

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business Retired Mining

12. Name unknown

13. Birthplace unknown

(City, town, or county)

(State or foreign country)

14. Maiden name unknown

15. Birthplace unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs. Jennie Wallace

(b) Address 2021 Murphy Joplin Mo.

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereat April 20, 1943

(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 4-23-1943

(Date received local registrar)

(b) Certified true and correct

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 Murphy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 1 -
1943 to Apr. 18 - 1943

that I last saw him alive on April 17 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular

Insufficiency of Heart

Due to.

Due to.

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

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? ✓

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

23. Signature D. St. W. Chester (M. D. or other)

Address Joplin Mo. Date signed 4/20/43

43-4-412

19
0-9

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 Steve Parker
Licensed Embalmer No. 2548
P. O. Address Goffi Ga

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.