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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

Registration District No. 2 6

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25674

Primary Registration District No. 3045

Registrar's No. 96

1. **PLACE OF DEATH:**
(a) County Nodaway
(b) City or town Maryville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. **USUAL RESIDENCE OF DECEASED:** 74
(a) State Missouri (b) County Nodaway
(c) City or town Maryville (If outside city or town limits, write "RURAL") Ru.
(d) Street No. Rural 2 Mile E.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Andrew 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 Wd W

6. (b) Name of husband or wife Alice Jane Wallace Divorced | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) — 1 (Day) — 1866 (Year)

8. AGE: Years 77 | Months 0 | Days 16 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name John L. Wallace
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ellen Dodds
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Blanche E. Haigwood
(b) Address Maryville Rfd 1 Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Maryville Mo

19. (a) 6-21-43 (Date received local registrar) (b) Mary Cole (Registrar's signature)

1268

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 16 day June year 43 hour ..... minute 3:15 P. M.

21. I hereby certify that I attended the deceased from Dec 2 19 42 to 6-16 19 43; that I last saw him alive on 6-16 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia following Prostatectomy - operation	6-15-43
Due to Arteris Sclerosis	
Due to Myocarditis	
Due to Chr. Prostatitis Supra Pubic Cystotomy	1-10-43
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, public place? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. M. Burks (M. D.)
Address Maryville Date signed 6-18-43

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. Keen 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.

No. 2B
—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25674

Registration District No. 209 Primary Registration District No. 3048 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St Francis Hosp

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 John Andrew 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 Sep

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) (Day) 1866 (Year)

8. AGE: Years 77 Months 0 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Carey Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 16 year 1943 hour minute M.

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

	Duration
Immediate cause of death	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

5-25671