

S. No. 2
1-9-4-41
5-17-37
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27884

State File No.

Registrar's No. 38

ED SEP 8 1943 50

Registration District No. 50

Primary Registration District No. 5177

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

1. PLACE OF DEATH: Leander
 (a) County Leander
 (b) City or town Montreal, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home - 1 Rural Route
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Leander
 (c) City or town Montreal, Mo Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Marinda Jane Wallis
 3. (c) Social Security name war. _____ No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 15 year 1943 hour 12 minute noon
 21. I hereby certify that I attended the deceased from Aug 1942 to Aug 15 1943 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race wh
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Chronic Bronchitis
 Duration 4 1/2

8. AGE: Years 62 Months 2 Days 27 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions none (Include pregnancy within 3 months of death)
 PHYSICIAN 106

9. Birthplace Miller Co Mo (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

11. Industry or business _____
 12. Name William Samuel Pope
 13. Birthplace Miller Co Mo (City, town, or county) (State or foreign country)
 14. Maiden name Evelyn E. Valin Jones
 15. Birthplace Leander Co Mo (City, town, or county) (State or foreign country)

Major findings: none
 Of operations _____
 Of autopsy none
 Underline the cause to which death should be charged statistically.

16. (a) Informant Addie Moulder
 (b) Address Leiston Hill, Mo
 17. (a) Burial (b) Date thereof 8/17/43 (Month) (Day) (Year)
 (c) Place: burial or cremation Frieder Cemetery
 18. (a) Signature of funeral director Carlton - Wolsberg
 (b) Address Camdenton, Mo.
 19. (a) Aug 30 - 43 (Date received local registrar) (b) Earl Nelson (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 fall
 23. Signature E. G. Carlson M.D.
 Address Camdenton Mo Date signed 8-20-43

1337

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 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 Abbie Banks Woolery
Licensed Embalmer No. 2488
P. O. Address Camdenton, 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.