

FILED OCT 7 1943 55

Registration District No. 55

Primary Registration District No. 5190

Registrar's No. 104

1. PLACE OF DEATH:  
(a) County Carroll  
(b) City or town Rural Carrollton Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Carroll  
(c) City or town "Rural" (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 Minnie Wallace.  
(b) If veteran, name war No (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Henry L. Wallace 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Jan. 6, 1864 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 15 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Sebastian  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Ann Fowler  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Irvin Starnes  
(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 24 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Willis - Marshall.

(b) Address Carrollton Mo.

19. (a) Sept 23 - 1943 (Date received local registrar) (b) Julius Boyle Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st, year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 1943 to Sept 21st 1943 that I last saw him alive on Sept 9th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General heart failure -  
due to infirmities of  
age - General decline

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations X X Of autopsy X X

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 R. F. Cook (M. D. or other)  
Address Carrollton Mo Date signed 9-23-43

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

10-6-43

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 *myself*.

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *R. M. Marshall*

Licensed Embalmer No. *2525*

P. O. Address *Carrollton 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.