S. No. 2
M—5-42
5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31419

Registration District No. 63 Primary Registration District No. 5241 Registrar's No.

20

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Rural-Madison Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cedar

(c) City or town: rural-Madison Township
(If outside city or town limits, write "RURAL")

(d) Street No.: XXX (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: XXXX

3. (a) PRINT FULL NAME: Edward H. Wallen

3. (b) If veteran, name war: XXX

3. (c) Social Security No.: XXX

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Mary Wallen

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

7. Birth date of deceased: Dec (Month) 23, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	2	XXXXXXX min.

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

10. Usual occupation: Farming

11. Industry or business: XXX

MOTHER FATHER

12. Name: Frances Wallen

13. Birthplace: New Jersey (City, town, or county) (State or foreign country)

14. Maiden name: Deborah Earnest

15. Birthplace: New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant: Dan E. Wallen

(b) Address: Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Gum Springs

18. (a) Signature of funeral director: Church and Neale

(b) Address: Stockton, Missouri

19. (a) Sept 9, 1943 (Date received local registrar) (b) Floyd Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 25 year: 1943 hour: 6:30 minute: A.M.

21. I hereby certify that I attended the deceased from 6-22-, 1943, to 6-24-, 1943, that I last saw him alive on June-24-, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	5 da
Due to: Myocardial Insufficiency	7 da
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

107

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: Wm B. Richter (M. D.) or other)

Address: Stockton Date signed: 7-23-43

1291 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-43-1036
Date Filed 10-9-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.