S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED NOV 12 1943

# STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

35414

State File No.

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 166

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 hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 074
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 417 S. Dewey
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Truman Wallace
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex 0 Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Wallace
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased March 3 1900 (Month) (Day) (Year)
8. AGE: Years 43 Months 7 Days 24 If less than one day hr. min.
9. Birthplace Nodaway County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Elick Wallace
FATHER 13. Birthplace Knoxville /Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rose Edwards
MOTHER 15. Birthplace New Market Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pauline Wallace
(b) Address Maryville Mo,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Nov-3-43 (Date received local registrar) (b) Avery Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1943 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 22, 1943 to Oct 27, 1943; that I last saw him alive on Oct 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 92C
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 J. M. Bayles (M. D. or other)
Address Maryville Mo. Date signed 11-1-43

(Licensed Embalmer's Statement on Reverse Side)

## 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. Clem M Price

Licensed Embalmer No. 1822

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.**