

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

DEPARTMENT OF COMMERCE
 BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36043
 State File No. 98
 Registrar's No. 98

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:
 (a) County Kernon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nevada City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
 (Specify whether
 In this community ☒ years, months or days)

3. (a) PRINT FULL NAME John Henry Wallace
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male race W
 5. Color or W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Virginia Wallace
 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased Jan 4 1896
 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 26
 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Henry C. Wallace

13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen Black

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

16. (a) Informant J. C. Wallace

(b) Address Sheldon, Mo. Rt. 2

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10-4-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director Alfred E. Day

(b) Address Nevada, Mo.

19. (a) 10-5-43 (Date received local registrar) (b) Thozel B. Bewick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Kernon
 (c) City or town Sheldon
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Rt. 2
 (If rural, give location)
 (e) Citizen of foreign country No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 2
 year 1943 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Sept 18 1943 to Oct 2 1943
 that I last saw him alive on October 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration Sept 18 to Oct 2 1943

Due to Hypertension
 Due to None

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence 10-4-43
 (c) Where did injury occur? None
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place)
 (e) Means of injury None
 23. Signature None (M. D. or other)
 Address Nevada, Mo. Date signed Oct 2/43

RECEIVED

District Health Officer No. 7

District File Number 10-43-1216

Date Filed 11-9-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.