

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3787C

State File No.

Registrar's No.

378-370

FILED DEC 14 1943

Registration District No.

Primary Registration District No.

3008

1. PLACE OF DEATH:

(a) County... Callaway
(b) City or town... Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Few Minutes
(Specify whether)
In this community... years, months or days

3. (a) PRINT FULL NAME JULIA MAE WALLACE

3. (b) If veteran, No
name war

3. (c) Social Security No. 74-222-6737

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 13 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 5 21 hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Robert H. Wallace
13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Mae VanHorne
15. Birthplace Knox County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. Wallace

(b) Address Fulton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/43
(Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo H. Wallace

(b) Address Fulton, Mo.

19. (a) 11-5-1943 (b) Joe M. Mounthoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 014
(c) City or town Rural -- Fulton 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 6
(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 Nov day 3
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 3 1943 to Nov 4 1943
that I last saw her alive on November 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Malinal
Cause by a fractured skull in a car wreck

Due to...

Due to...

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 014
(b) Date of occurrence Nov 3 1943
(c) Where did injury occur? Highway No. 170
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work (Specify type of place) (e) Means of injury

23. Signature L. B. Nichols (M. D. or other)
Address Highway No. 170 Date signed 11/5/43

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.