S. No. 2
DM—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38525

State File No.

Registration District No. 169 Primary Registration District No. 5623 Registrar's No. 131

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Novelty (rural) Saltriver Twp.
(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 (Specify whether years, months or days)
In this community 60 yrs

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

3. (a) PRINT FULL NAME Cary Wallace
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alice Simpson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan - 6 - 1863 (Month) (Day) (Year)
8. AGE: Years 80 Months 9 Days 18 If less than one day hr. min.
9. Birthplace uk (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Robert Wallace
FATHER 13. Birthplace uk (City, town, or county) Illinois / (State or foreign country)
MOTHER 14. Maiden name Rebecca Shaw
MOTHER 15. Birthplace uk (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Elva Craggs
(b) Address Novelty, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct-26-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clarence, Missouri
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri
19. (a) Nov 2 1943 (Date received local registrar) (b) Nell Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1943 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 1937, to Oct 24 1943 that I last saw him alive on Oct 24 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative myocarditis affecting the aortic valve	
Due to Hypertension and arteriosclerosis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 A O Wright D.O. (M. D. or other)
Address Box 64 Louisiana Mo. Date signed 10/27/43

1142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
Registration Number 11-43-1838
Date Filed NOV 16 1943

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Keith Hudson

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.