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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41881

State File No.

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 394.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: So. E. Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 43 years

2. USUAL RESIDENCE OF DECEASED: 16
(a) State: Mo. (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: 1235 So. Pacific St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Arch H. Wallace
3. (b) If veteran, name war:
3. (c) Social Security No. 490-05-4963
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hannie
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 6 (Day) 1877 (Year)
8. AGE: Years 66 Months 2 Days 4 If less than one day: hr. min.
9. Birthplace: Cincinatti (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Machine Operator
11. Industry or business: Saw Mill
FATHER 12. Name: David Wallace
13. Birthplace: Edinberg (City, town, or county) Scottland (State or foreign country)
MOTHER 14. Maiden name: Ellen Patterson
15. Birthplace: Edinberg (City, town, or county) Scottland (State or foreign country)
16. (a) Informant: David Wallace
(b) Address: Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmount Cem
18. (a) Signature of funeral director: Walthers And. Co
(b) Address: Cape Girardeau Mo.
19. (a) 12-15-43 (Date received local registrar) (b) F. K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 4, 1942 to Dec 10, 1943, that I last saw him alive on Dec 10, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	1 mo. 8 days
Bronchial Pneumonia	1 week
Due to Hypertension and	
Arterial sclerosis	1 yr. or more
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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: R. C. Ritter M.D. (M. D. or other)
Address: Cape Girardeau Mo Date signed 12-14-43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 144-3165

Date Filed 1-7-44

JUL 25 1945

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 Virgil Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau 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.