

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4677

State File No.

Registrar's No.

FILED FEB 10 1940

Registration District No.

Primary Registration District No.

6151

1. PLACE OF DEATH:

(a) County Stockland
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 5 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

JIMMIE-DALE-WALLACE

3. (b) If veteran,

name war

None

3. (c) Social Security

No. None

4. Sex

M.

5. Color or race

White

6. (a) Single, widowed, married, divorced

Child

6. (b) Name of husband or wife

None

6. (c) Age of husband or wife if

alive 43 years
(Day) (Year)

7. Birth date of deceased

July
(Month)

10
(Day)

43
(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

Stockland Co.
(City, town or county)

0
(State or foreign country)

10. Usual occupation

Child

11. Industry or business

MOTHER FATHER

12. Name

Lowell Wallace

13. Birthplace

Moore Co.
(City, town or county)

Ark.
(State or foreign country)

14. Maiden name

Edna Whitworth

15. Birthplace

Clinton
(City, town or county)

Ark.
(State or foreign country)

16. (a) Informant

Tom Whitworth

(b) Address

Varma, Mo Rt 1

17. (a)

Burial

(b) Date thereof

Dec. 13-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Taylor

18. (a) Signature of funeral director

Watkins Funeral Service

(b) Address

Varma, Mo

19. (a)

1-7-1944
(Date received local registrar)

(b)

Cardie Miller
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stockland
(c) City or town Rural - Elk 103
(If outside city or town limits, write "RURAL")
(d) Street No. 7 1/2 mi. N-E of Varma
(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 12 day 11
year 1943 hour 10:00 minute 0 M.

21. I hereby certify that I attended the deceased from 12-9
19 43 to 12-11 19 43
that I last saw him alive on 12-9 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death

Malnutrition

Duration

Due to

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?

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

Adams

(M. D. or other)

Address

Moore Co. Mo

Date signed 12-15-43

1133

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Sarno
Warehouse

RECEIVED

District Health Office No. 2,

District File Number 344-265

Date Filed 2-6-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.