S. No. 2
M—2-43
. 5-17-39
-I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6093

8472

State File No.

Registrar's No. 36

97 0 U

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Rural (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 All his life

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

3. (a) PRINT FULL NAME John E. Wall
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife May Gollady Wall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75	2	23	hr. min.

9. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer, retired
11. Industry or business
FATHER
12. Name John Wall
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Gault
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Garnet Jones
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.
19. (a) 2-4-44 (Date received local registrar) (b) Mrs T. O Weedbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1944 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 27 1943 to Feb. 1 1944 that I last saw him alive on Feb 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Carcinoma	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatitis	70 yrs

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 0
23. Signature [illegible] (M. D. or other)
Address Marshall, Mo Date signed 2-4-44

1213 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-13-44
Date Filed

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, [redacted] ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall, 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.