No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 25

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11642

Primary Registration District No. 4376

Registrar's No. 66

74
0
0

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Guilford
(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 life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway.
(c) City or town Guilford
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

74
0

3. (a) PRINT FULL NAME Carrie Josephine Wallace

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles E Wallace

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June (Month) 23 (Day) 1879 (Year)

8. AGE: Years 64 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Guilford (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name James H Walts
13. Birthplace (City, town, or county) Illinois (State or foreign country) /

MOTHER
14. Maiden name Margaret Cummins
15. Birthplace Peoria (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant Charles E Wallace
(b) Address Guilford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 27. 44 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford, Mo.

18. (a) Signature of funeral director C C Reynolds
(b) Address Guilford, Mo.

19. (a) 3. 24. 44 (Date received local registrar) (b) A D Barnet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour 1.45 minute A. M.

21. I hereby certify that I attended the deceased from April 11th 1940 to March 23 1944; that I last saw her alive on March 22 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septic Peritonitis	5 dy
Due to: Gangrenous appendix	5dys
Due to:	
Other conditions: Arthritis and Endocarditis 5yrs (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

12/11

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. D. Barnet (M. D. or other) xxx
Address Guilford, Mo. Date signed 3. 24. 44

1293 (Licensed Embalmer's Statement on Reverse Side)

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 Latoy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.