

FILED APR 28 1944
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14996

State File No. _____

Registration District No. _____

Primary Registration District No. 2031

Registrar's No. 20

50
2
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Delata
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
104 North 4th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Bollinger
(c) City or town Marquand - 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Edelaid Hawn Wallis
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Edelaid Hawn Wallis 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased July 7 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Marquand MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Hawn
13. Birthplace Marquand MO
(City, town, or county) (State or foreign country)
14. Maiden name Impen
15. Birthplace Marquand MO
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Green
(b) Address Delata MO

17. (a) Liberty (b) Date thereof 3-9-1944
(Burial, cremation, etc.) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty MO

18. (a) Signature of funeral director Ray Miller
(b) Address Delata MO

19. (a) 3-15-44 (b) Sam Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th
year 1944 hour 6 minute a M.
21. I hereby certify that I attended the deceased from 1/20 to 3/9, 1944
that I last saw her alive on 3/8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatoid arthritis Duration 15 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 59a
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)
(e) Means of injury _____
23. Signature Ray Miller (M. D. or other)
Address Delata MO Date signed 3/9/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

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: Thomas K. Allen

Licensed Embalmer No. 4055

P. O. Address Carrollton

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, above space should be left blank.