

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25085

FILED JUL 18 1944

Registration District No. 178

Primary Registration District No. 5661

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wilbur Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel Wallace 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 31 1897 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Ewing Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W. Wallace
13. Birthplace Ewing, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Marietta Thompson
15. Birthplace La Belle Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. B. Wallace
(b) Address Ewing, Mo.

17. (a) Burial (b) Date thereof June 11 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilead Cemetery

18. (a) Signature of funeral director Thomas Bass
(b) Address Ewing, Mo.

19. (a) 6/10/44 (b) Paul Jennings (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1944 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 9 to June 9 1944, that I last saw him alive on June 9 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart failure
Lobar Pneumonia
Due to Acute Arteriosclerosis
Diabetes Mellitus

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____ Of autopsy _____

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 2
23. Signature Paul Jennings (M. D. or other) 6/12/44
Address Devilston Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

1944-6-9
1897-7-31
46 11 8

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

working under my personal supervision.

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.