

FILED AUG 18 1944

State File No. _____

Registration District No. 2

Primary Registration District No. 5054

Registrar's ~~Signature~~ 9

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Eagle Rock Tn. White Pine
(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 _____ (Specify whether)
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME James R. Wallace

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 11 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 1 23 hr. min.

9. Birthplace Greenforest Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business none

MOTHER FATHER { 12. Name J. R. Wallace
13. Birthplace Texas County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Lee
15. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Wallace
(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horner Cemetary

18. (a) Signature of funeral director Horine-Culver

(b) Address Cassville, Missouri

19. (a) 8/11/44 (b) Richard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville (Rural)
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration 1

Due to _____

Due to _____

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

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**
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 _____ (M. D. or other)
Address _____ Date signed _____

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

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

J. C. Canada

Registered Apprentice No.

225

working under my personal supervision.

Signed

J. C. Canada

Licensed Embalmer No.

35-84

P. O. Address

Cassville, 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, above space should be left blank.