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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1944

Registration District No. 2162

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4394

28450

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County OZARK

(b) City or town BAKERSFIELD
(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 No. (Specify whether
In this community 56 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OZARK 77

(c) City or town BAKERSFIELD 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PLEASANT HIRAM WALLACE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife CLARA JANE MINSON

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased NOV. (Month) 16, (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day hr. min.

9. Birthplace BAKERSFIELD, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation FARMER & CAFE OPERATOR

11. Industry or business

FATHER
12. Name JACK WALLACE
13. Birthplace (City, town, or county) UNK. 9 (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE BAKER
15. Birthplace (City, town, or county) UNK. 9 (State or foreign country)

16. (a) Informant MRS. CLARA J. WALLACE
(b) Address BAKERSFIELD, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 25, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation BAPTIST HILL CEM OZARK Co.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address WEST PLAINS, Mo.

19. (a) 9-5- (Date received local registrar) (b) 44 R A Beach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23, year 1944 hour 11: minute 30 P. M.

21. I hereby certify that I attended the deceased from July 21, 1944, to July 23, 1944 that I last saw him alive on July 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Deborah Doan (M. D. ~~or other~~) 0
Address Bakersfield Mo Date signed 7-27-44

580 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 844948
Date Filed AUG 19 1944

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 Hal Thoroughgood

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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.