

FILED OCT 11 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Foughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis
(c) City or town Monticello
(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 _____

3. (a) PRINT FULL NAME

Claude 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
7. (b) Name of husband or wife Sallie J. Wallace 7. (c) Age of husband or wife if alive 66 years
8. Birth date of deceased: Sept 28 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation Firmen - retired

11. Industry or business _____

12. Name Graham S. Wallace

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Ewing

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

16. (a) Informant Sallie Wallace
(b) Address Monticello, Mo.

17. (a) _____ (b) Date thereof Sept 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticello, Mo.

18. (a) Signature of funeral director Thomas Ball

(b) Address E. Ewing, Mo.

19. (a) 9-25-44 (b) Miss J. L. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1944 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Aug 28 1944 to Sept 12 1944
that I last saw him alive on Sept 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Prostatic hypertrophy (benign)
Due to _____

Other conditions (include pregnancy within 3 months of death) 1370

Major findings: Of operations Prostatectomy 9-9-44
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 _____
23. Signature Carl F. Huggins (M.D. or other) D.O.
Address Kirksville, Mo. Date signed 9-15-44

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

MOTHER FATHER

1044

RECEIVED

District Health Officer No. 10

District File Number 10-44-1212

Date Filed OCT 10 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: Bowden Beatty

Licensed Embalmer No. 4379

P. O. Address: Kershville, 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.