

FILED NOV 22 1944

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Callaway County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Weeks
 In this community 4 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Rural - Readsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Mile N.E. of Readsville
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS EDWARD WALLACE

3. (b) If veteran, name war Dk.
 3. (c) Social Security No. 497-05-3281

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 Unknown
 (Month) (Day) (Year)

8. AGE: Years About 66
 Months Days If less than one day
 hr. min.

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

10. Usual occupation Contractor-Laborer

11. Industry or business Construction

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Paul Robert

(b) Address Readsville, Mo.

17. (a) Burial (b) Date thereof 10-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo.

19. (a) 10-29-1944 (b) Jessie Sproull
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
 year 1944 hour 6:20 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 27/44
 to Oct 27/44

that I last saw him alive on Oct 26/44
 and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from carcinoma of the trachea trachea, which had been operated. tracheostomy was done.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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 _____

3. Signature Jessie Sproull (M. D. or other)
 Address Fulton, Mo. Date signed 11/28/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-17-44

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 _____

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.