

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 339

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

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
008 S. Sixth.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville
(If outside city or town limits, write "RURAL")
 (d) Street No. 908 S. Sixth
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Maggie Wallace 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 8 1883
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Wallace
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Eitel
 15. Birthplace Adair Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Wallace
 (b) Address Kirkville, Mo

17. (a) Burial (b) Date thereof 12/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Cemetery

18. (a) Signature of funeral director D. E. Eitel
 (b) Address Kirkville, Mo.

19. (a) 12-29-44 (b) Mrs. J. L. Waymire
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
 year 1944 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1939
 to Dec 23 1944
 that I last saw him alive on Dec 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of liver, gall bladder, spleen & H.I. tract

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 in

Major findings: Of operations Removal of malignancy in abd. & wks before death.
 Of autopsy _____

Duration
2
1
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) (a) Means of injury _____

23. Signature W. D. M. & Blue (M. D. or other) MD
 Address Kirkville, Mo. Date signed 12/24/44

RECEIVED
District Health Officer No. 10
District File Number 1-45-82
Date Filed JAN-9-1945

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 DE Riley.....

Licensed Embalmer No. 4181.....

P. O. Address Hustville 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.