

Registration District No. **FILED MAR 26 1945**

Primary Registration District No. **5789**

Registrar's No. **6**

1. PLACE OF DEATH: **Mississippi**

(a) County **Mississippi**

(b) City or town **Dorena**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Residence 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **15 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Dorena, Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **18 mi S. East Prairie Mo**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LOTTIE WALLACE**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

4. **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rube Wallace** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Nov 29 1878**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **24** If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace **New Madrid Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **William Hubbard**

13. Birthplace **New Madrid Co Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Elizabeth Harris**

15. Birthplace **New Madrid Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rube Wallace**

(b) Address **Dorena Mo**

17. (a) **Burial** (b) Date thereof **2-25-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dogwood**

18. (a) Signature of funeral director **Frank Shelby**

(b) Address **East Prairie, Mo.**

19. (a) **3-10-1945** (b) **Fannie E. Brannon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23**  
year **1945** hour **8:30** minute **9** M.

21. I hereby certify that I attended the deceased from **Attended as Coroner**  
that I have seen the **all over** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**  
Due to \_\_\_\_\_

Duration **few minutes**

Due to \_\_\_\_\_

Other conditions **Hypertension**  
(Include pregnancy within months of death)

Major findings: **94%**  
Of operations \_\_\_\_\_

Of autopsy **none**

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 **2/23/45**

(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?  
**home no injury**

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **John F. Hummel** (M.D. or other) **Coroner**  
Address **Charlottesville, Mo** Date signed **2/24/45**

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

7  
0  
0

RECEIVED

District Health Office No.

District File Number 345-44

Date Filed 3/14/44

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**