S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40862

Registration District No. 360 — Primary Registration District No. 30-76 6225 — Registrar's No. 31

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution
In this community Alo Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada Rural 100
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Twp. 1
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Lacey Wallace
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0 | 5. Color or race W | 6. (a) Single, ~~widowed~~, ~~married~~, divorced U

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

7. Birth date of deceased March (Month) 1 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	0	hr. min.

9. Birthplace Nevada (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Wallace
13. Birthplace Kentucky (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Lacie
15. Birthplace Kentucky (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ina E Thompson
(b) Address 428 W Hunter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch
18. (a) Signature of funeral director Fleig Funeral Home
(b) Address Nevada, Mo.
19. (a) 3-12-45 (Date received by local registrar) (b) Hazel B. Beucler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1945 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

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 Mark E. Eichin (M. D. or other) Coroner
Address Nevada Mo. Date signed 3-7-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-43-301
Date Filed 4-9-43

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 760

P. O. Address Nevada 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.