. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 167

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Rawlins

State File No. 17278

Primary Registration District No. 4256

Registrar's No. 25

1. **PLACE OF DEATH:**
(a) County JOHNSON
(b) City or town HOLDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SOUTH MAIN ST
(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 82 YEARS years, months or days)

2. **USUAL RESIDENCE OF DECEASED:** 57
(a) State MISSOURI (b) County JOHNSON
(c) City or town HOLDEN (If outside city or town limits, write "RURAL") 0
(d) Street No. SOUTH MAIN STREET (If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME JENNIE WALLACE
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM B WALLACE
6. (c) Age of husband or wife if alive DECD years
7. Birth date of deceased JANUARY (Month) 30 (Day) 1863 (Year)

8. **AGE:** Years 82 | Months 3 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace CHILHOWEE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business SAME

FATHER
12. Name DAVID HOGAN
13. Birthplace JOHNSON CO (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARY GIBBON
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS CLIFFIE WALLACE
(b) Address HOLDEN MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation HOLDEN MO
18. (a) Signature of funeral director Caraday & Rapp
(b) Address Holden, Mo
19. (a) 5-21-45 (Date received local registrar) (b) Kathryn S. Caraday Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY 11 day 17
year 1945 hour 6:40 minute A M.
21. I hereby certify that I attended the deceased from June 2 1941 to May 11 1945
that I last saw h. alive on May 11 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Gen Arteriosclerosis	

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

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 5/21/45

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(Licensed Embalmer's Statement on Reverse Side)

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 W L Canaday

Licensed Embalmer No. 2434

P. O. Address Holden 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.