

FILED AUG 9 1945

State File No.

Registration District No. 32

Primary Registration District No. 2009

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson

(c) Name of hospital or institution: Byrd Township
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Cape Girardeau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES DRURY WALLIS

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 18 1945 to July 24 1945
that I last saw him alive on 7 1945
and that death occurred on the date and hour stated above.

4. Sex males

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Louisa Wallis

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased Nov 19, 1862
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis (decompensation and failure)

Due to 0

Due to 0

Other conditions Cardiac psychosis
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>7</u>	<u>16</u>	hr. min.

Major findings: 0

Of operations 0

Of autopsy 0

PHYSICIAN 0

Underline the cause to which death should be charged statistically.

9. Birthplace Marble Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business 0

MOTHER FATHER

12. Name James Wallis

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

14. Maiden name Hulda Wecker

15. Birthplace Marble Hill Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(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? 0 (r) Means of injury 0

23. Signature Albert M. Estes (M. D. or other) ghp
Address Jackson Date signed 7-6-45

16. (a) Informant James G. Wallis

(b) Address Millerville Mo

17. (a) Burial (b) Date thereof July 7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director 0

(b) Address Jackson

19. (a) July 6 (b) J. H. Kuehler
(Date received local registrar) (Registrar's signature)

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

16
0
0

1114

RECEIVED

District Health Officer No. 4
District File Number 845-913
Date Filed 8-8-45

JUN 25 1952

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address Leicester, 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.