. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25305

State File No. [illegible]

Registration District No. 360 Primary Registration District No. 3072 Registrar's No. 86

08
1
2

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 927 N. Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 927 N. Colorado 2
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Ida Lee Wallace

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb (Month) 10 (Day) 1868 (Year)

8. AGE: Years 77 Months 5 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name John Pouley
13. Birthplace Hunneville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Hunneville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Silas R. Smith
(b) Address R #2 Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Excelsior Spgs Mo

18. (a) Signature of funeral director Fery Lee Home
(b) Address Nevada Mo

19. (a) 7-12-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1945 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from 4-12, 1945, to 7-5, 1945 that I last saw her alive on 7-4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (rt.)

Due to Chr. rheumatic valvular disease (mitral stenosis & regurgitation) & decompensation

Due to

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 [illegible] (M. D. or other)

Address Nevada, Mo. Date signed 7-6-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D[illegible] Officer No. 7,
[illegible] 7-45-148
Date Filed 8-8-45

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 Mike E Feney

Licensed Embalmer No. 1432

P. O. Address Neoda 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.