

FILED AUG 18 1945

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton  
(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 \_\_\_\_\_ (Specify whether)  
In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56  
(c) City or town Canton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 White 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Barkley Wallace

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Angie Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 17, 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lewis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

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

MOTHER FATHER { 12. Name Thomas G. Wallace  
13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Narcisa Lillard  
15. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D.B. Wallace

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof July 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (c) Signature of funeral director Earl N. Barkley

(b) Address Canton, Mo.

19. (a) 7/30/45 (b) P. H. Jennings, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 24, 1945 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion Duration 6 hrs

Due to Heart prostration and chronic myocarditis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Edmund Duchesneau (M. D. or other) MD  
Address Canton, Mo. Date signed 7/28/45

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

56  
1  
0

987

RECEIVED

District Health Officer No. 10

District #1. Number 8-45-1272

Date Filed AUG-16-1945

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 *Earl A. Buckley*.....

Licensed Embalmer No. 2645.....

P. O. Address *Canton, 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.