

Ar Bruce  
FILED SEP 26 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 412 Adams St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
6 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME MARIE WALLACE

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hus Wallace 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Sept 1 1886 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Abraham Williams

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county, State or foreign country)

16. (a) Informant Hus Wallace

(b) Address 412 Adams St

17. (a) Burial (b) Date thereof Aug 1-1948 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director John Luther

(b) Address 700 Jefferson

19. (a) 9-13-48 (Date received by Registrar) (b) O.P. Harris MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 412 Adams 4  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10 1948 to July 31 1948  
that I last saw him alive on July 13 1948  
and that death occurred on the date and hour stated above

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Decomposition  
Heart  
Due to \_\_\_\_\_

Due to Arteriosclerosis

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 \_\_\_\_\_

(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? \_\_\_\_\_

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

23. Signature Ar Bruce (M. D. or other) MD

Address Jefferson City Date signed Aug 1/48

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

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 9-25-45

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*[Signature]*

Licensed Embalmer No.

36011

P. O. Address.....

*[Signature]*

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.