

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41103

State File No.

Registrar's No. 54

FILED JAN 8 1946

Registration District No.

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution: Friswell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 20 yrs.

3. (a) PRINT FULL NAME John Rufus Wallace

3. (b) If veteran, name war. 3. (c) Social Security No. 22

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased. March 18 1867
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Lola Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business Farming

12. Name Thomas J. Wallace

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ed. Reeves

(b) Address 700 Shier St.

17. (a) Burial (b) Date thereof 12-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Paul Thibault

(b) Address Kennett Mo.

19. (a) 12-27-1945 (b) Paul Thibault
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 3.5
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Shier St. 2
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1945 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from 11-27-45, 19, to 12-22-45, 19;
that I last saw him alive on 12-22-45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death. Severe chronic nephritis

Due to Urinary retention

Due to Hypertrophic prostate

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?

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

23. Signature G. J. Reeves (M. D. or other) MD
Address Kennett, Mo. Date signed 12-27-45

1549 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 146-25

Date Filed 1/4/46

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

Walter A. Haeberle

Licensed Embalmer No. 2002

P. O. Address *Kim nett me*

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.