S. No. 2
M—2-43
5-17-39
T X35697

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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

F. 41282
State File No.

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1004

1. PLACE OF DEATH:

(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 762 South Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Janice Lee Wallace

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: October (Month) 28, (Day) 1944 (Year)

8. AGE: Years 1 | Months 1 | Days 9 | If less than one day: hr. min.

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Child

11. Industry or business:

MOTHER FATHER

12. Name: Cecil Wallace

13. Birthplace: Douglas County, (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name: Tillie M. Edwards

15. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Cecil Wallace

(b) Address: 762 South Ave., Sped., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 12-10-45 (Date received local registrar) (b) E. M. Handley (Registrar's signature)

184 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1945 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-20-45 to 12-7-45 that I last saw h[illegible] alive on 12-5-45 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	3 d.
Due to: Congen. malformation of heart.	13 mo
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:
(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: Luban Branch (M. D. or other)
Address: Springfield Mo. Date signed 12-10-45

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 L. A. Root

Licensed Embalmer No. 3044

P. O. Address Springfield 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.