

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 7 1945 STANDARD CERTIFICATE OF DEATH

2603

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bresnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days) one week

3. (a) PRINT FULL NAME

Jessie Lawrence Wallace

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Martha Wallace
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased 5 10 1917
(Month) (Day) (Year)

8. AGE: Years 28 Months 7 Days 18
If less than one day hr. min.

9. Birthplace Birda, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Bar tender

11. Industry or business St. Louis Union Station

12. Name John Wallace

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

14. Maiden name Maime Wacha

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

16. (a) Informant Clayton Wallace

(b) Address Benton Wbr. Mich.

17. (a) Burial (b) Date thereof 12-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camthursville

18. (a) Signature of funeral director La Forge Mnd. Co
(b) Address Camthursville, Missouri

19. (a) 1-3-1946 (b) Card Husband
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bernice
(c) City or town Hazlet, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-21-45 to 12-28-45, 1945.
that I last saw him alive on 12-28-45, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchical pneumonia
Toxemia
Due to Uremia

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature G. R. Reswell (M. D. or other) MD
Address Kennett, Mo. Date signed 1-2-46

RECEIVED

District Health Office No. 2,

District File Number 246-162

Date Filed 2-5-46

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cassville, 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.