

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 206

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 hrs
(Specify whether years, months or days)
In this community 6 1/2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 313 S. Orchard St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS W^{III} WALLBANK

3. (b) If veteran, name war NONE 3. (c) Social Security No. 509-02-4543

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUBY J. WALLBANK 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JUNE 2 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 22 If less than one day hr. _____ min. _____

9. Birthplace REDBELY ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation COAL CO. EMPLOYEE

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs T. W. Wallbank

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Dec 27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Mass

18. (a) Signature of funeral director T. A. Adams

(b) Address Clinton Mo

19. (a) 12-24-45 (b) T. A. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1945 hour 9:25 minute P. M.

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

Immediate cause of death Hypostatic pneumonia Duration 2 da.

Due to _____

Due to Cancer of stomach 2 years
Other conditions secondary anemia 6 months
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46

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 T. A. Adams or other _____

Address Clinton Mo Date signed 12/24/45

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

MIC 9 8 1987

JUN 28 1988

12-40-1368
1-15-46

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... *Tom Hurd*

Licensed Embalmer No. *2282*

P. O. Address... *Depue, 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.