

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2934  
Registrar's No. 5

Registration District No. 147 Primary Registration District No. 4236

1. PLACE OF DEATH:  
(a) County Iron  
(b) City or town DesArc  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Iron 47  
(c) City or town DesArc  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse B. Wallis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 8  
year 1946 hour 9:05 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Susan E. Wallis  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 22 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1946 to Jan 8 1946  
that I last saw him alive on Jan 8 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 7 16 hr. min.

Immediate cause of death, Acute Pneumonia Duration 6 days

9. Birthplace DesArc Mo. 11  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Fireman  
Saw Mill

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 107

11. Industry or business Andrew Wallis

12. Name \_\_\_\_\_  
13. Birthplace DesArc Mo. 0  
(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 Miss Ollie Wallis  
(b) Address DesArc, Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Jan. 10, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation DesArc, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
(b) Address [Address]

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

19. (a) Jan 16 - 46 (b) Miss Alice Jones  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 1-14-46

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

EMBALMENT  
Death Officer No. 4  
Case File Number 146-1612  
Date Filed 1-26-46

JAN 29 1946

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.....

Marvin E. Bavelle, Registered Apprentice No. 382  
working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Fidmunt

**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.**