S. No. 2
M—8-43
5-17-39
P I X37823

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

5728

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6772

Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural (Tavern Township) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (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)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Tavern Township (Rural) (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 William Anderson Wall

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Boutwell Wall

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

7. Birth date of deceased Jan. (Month) 8, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	9	..... hr. ..... min.

9. Birthplace Tavern Township Pulaski Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Dow Wall
13. Birthplace D. K. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Nancy Anne Sellers
15. Birthplace D. K. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Mary Wall

(b) Address Crocker, Mo.

17. (a) Burilal (Burial, cremation, or removal) (b) Date thereof 2/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS

(b) Address Crocker, Mo.

19. (a) 3-2-46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1 Feb 1946, 19..., to Death, 19...; that I last saw him alive on 15 Feb 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertensive Cardiovascular Disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death) Decompensation	4 mos

Major findings:
Of operations .....
Of autopsy 8 30

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 Roy H. Reed (M. D. or other)

Address Richland Mo. Date signed 1946

351

(Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Cooper

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.