

FILED APR 2 1946

Registration District No. 145

Primary Registration District No. 5566

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Iron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles N.W. of Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural, Iron
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of Belleview
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jane Wallen

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Tom Wallen 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased Sept. 21 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 19 If less than one day
_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jim Wallen
(b) Address Belleview Missouri

17. (a) burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) Mar 15 - 1946 (b) Mrs. Elizabeth Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 20, 1946, to March 8, 1946,
that I last saw her alive on March 8, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 years

Due to Arterial sclerosis, general (1946)

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93A 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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 3-12-46

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

SEP 16 1948

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 J. White*
Licensed Embalmer No. 3012
P. O. Address *Franklin Hill*

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.