S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9744

Registration District No. 142 Primary Registration District No. 1002 Registrar's No. 1208

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1422 Brooklyn 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Van D. Wallace
3. (b) If veteran, name war No
3. (c) Social Security No. 708-16-2905
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22, (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	9	19/6	hr. min.

9. Birthplace Houston (City, town, or county) Texas (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business None
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birtlplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Medical Records Librarian
(b) Addres General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/46 (Month) (Day) (Year)
(c) Place: Burial or cremation Lincoln Highland Cemetery
18. (a) Signature of funeral director Watkins Bros. Undt.
(b) Address 1729 Lydia
19. (a) 3-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1946 hour 11: minute 30 A. M.
21. I hereby certify that I attended the deceased from March 2, 19 46 to March 8, 19 46, that I last saw him alive on March 8, 19 46, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration
Due to Acute Pylonephritis (non T.B.)
Due to Urethral Stricture (non gon.)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address General Hospital #2 Date signed 3/9/46

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 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 Lawrence A. Jones, Registered Apprentice No. 378, working under my personal supervision.

Signed D. Jerome Manbove

Licensed Embalmer No. 3944

P. O. Address 2503 Highland

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.