

FILED JUN 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett, Mo
(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. 254N (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John J. Wallace

3. (b) If veteran. ☒

3. (c) Social Security

name war. _____

No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth L. Wallace 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 12 (Month) 12 (Day) 1872 (Year)

8. AGE: Years 73 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Wallace

(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Kennett Cem

18. (a) Signature of funeral director W. H. Isby

(b) Address Director, Ark

19. (a) 5-11-1946 (Date received local registrar) (b) Earl H. Hard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#2 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 - 1946
year. _____ hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1945 to May 10, 1946
that I last saw him alive on May 9 and that death occurred on the date and hour stated above.
Immediate cause of death Ends Euthia Duration _____

Due to. _____

Due to. _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations. 122

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) (c) Means of injury Over

23. Signature J. T. Dunsen (M. D. or other) 222

Address Kennett, Mo Date signed 5-11-46

RECEIVED

District Health Office No. 2,

District File Number 646-686

Date Filed 6-5-46

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

John R. Casner

Licensed Embalmer No.

2912

P. O. Address

Pector, Ark

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.