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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17036

FILED MAY 22 1946

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2116 Jackson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Thomas Wallace
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 Della Wallace
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 8, 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Masonry Contractor
11. Industry or business
FATHER 12. Name Solomon Wallace
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name Elija Carey
15. Birthplace Henry County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Della Wallace
(b) Address 2116 Jackson, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 4-25-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from 4/14/46, 19.. to 4/23/46, 19..; that I last saw him alive on 4/22/46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	?
Due to	
Due to	
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

23. Signature [signature] (M. D. or other)
Address Joplin, Mo Date signed 4/23/46

138 (Licensed Embalmer's Statement on Reverse Side)

46-4-374

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.