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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 29 1948** STANDARD CERTIFICATE OF DEATH

State File No. **33327**  
Registrar's No. **560**

Registration District No. **12.8**

Primary Registration District No. **2000**

39  
2  
6

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

**1. PLACE OF DEATH:**

(a) County Greene

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

(c) Name of hospital or institution:  
Office of the Ozark Mfg. Co  
(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 Greene **39**

(c) City or town Springfield, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 456 Normal  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** ROY FRANKLIN WALLACE

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

3. (c) Social Security No. UNK.

4. Sex Male **D** 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Tincy S. Wallace

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

7. Birth date of deceased November 4, 1895  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>50</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Mgr. Ozark Mfg. Co.

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Arthur S. Wallace

13. Birthplace Ala. UNK. Ala.  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Amsler

15. Birthplace Penn. UNK. Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tincy S. Wallace

(b) Address 456 Normal, Spfd. Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof July 3, 1948  
(Month) (Day) (Year)

(c) Place: Burial or cremation Memorial Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME  
534 St. Louis St., Spfd., Missouri

(b) Address \_\_\_\_\_

19. (a) 7-3-46  
(Date received local registrar)

(b) S. W. Handley  
(Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JULY day 1st  
year 1946 hour 9 minute 30A.M.

21. I hereby certify that I attended the deceased from June 8, 1946 to July 1, 1946  
that I last saw him live on June 29, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion sudden  
Due to Vascular degeneration

Due to \_\_\_\_\_

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: gk

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? \_\_\_\_\_

23. Signature Arthur S. Wallace (M. D. or other) D. D.  
Address 456 Normal, Spfd. Mo. Date signed 7-2-48

JUL 29 1954

MAR 3 1953

APR 10 1952

FEB 6 1953

FEB 5 1953

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..... *C. A. Raaf*.....

Licensed Embalmer No. *3846*

P. O. Address *Springfield*

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.