

FILED JUL 18 1946
Registration District No. 360

Primary Registration District No. 6225

State File No. _____

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Turner
(b) City or town Nevada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos - 23 days
(Specify whether)
In this community 5 mos 23 days
years, months or days

3. (a) PRINT FULL NAME Katherine Wallace

3. (b) If veteran, name war _____ 3. (c) Social Security No. ?

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elzo Wallace 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 29 1910
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 5 If less than one day
hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Elbridge Upchurch

13. Birthplace Rogers Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bliss

15. Birthplace Raymondville Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof July 4th 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Paul H. H. H. H. H.

(b) Address Nevada, Mo

19. (a) 7-4-46 (b) Nathaniel J. J. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1634 N. clay
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-4-46
7-4-46 to 7-4-46, 1946

that I last saw him alive on 7-4-46, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Parasite

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 J. J. J. J. J. (M. D. or other) _____

Address State Hospital Date signed 7-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

License No. 76

6-46-739

Date Filed 7-13-46

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.....

Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.