

S. No. 2
M-5-43
5-17-39
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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. **33916**

FILED SEP 18 1946

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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:
1107 East 3rd., J
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **14 Years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin** (If outside city or town limits, write "RURAL") **2**
 (d) Street No. **1107 E. 3rd.** (If rural, give location) **5**
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Ira Hamilton Wallis**
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **8**
 year **1946** hour **3:30** minute **P** M. **9**
21. I hereby certify that I attended the deceased from **September 2**
1946 to **October 8** **1946**;
 that I last saw him alive on **October 8** **1946**;
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5.** Color or race **White**
6. (a) Single, widowed, married, divorced. **W.** **2**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **March 11** **1877**
 (Month) (Day) (Year)

Immediate cause of death **Myocardial Failure** **Duration**
 Due to **Toxemia**
 Due to **Carcinoma of Liver** **Unknown**

8. AGE: Years Months Days If less than one day
69 **6** **27** hr. min.

Other conditions **Diabetes mellitus** **3-5yrs**
 (Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace: **Oradom** **Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Barber**

11. Industry or business: _____
12. Name: **James Wallis**
13. Birthplace: **Devonshire** **England** **4**
 (City, town, or county) (State or foreign country)
14. Maiden name: **Mary Mossman**
15. Birthplace: **Evansville** **Indiana**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
HOF

16. (a) Informant: **Frank Wallis**
 (b) Address **1107 E. 3rd, Joplin, Mo.**

17. (a) **Reburial** (b) Date thereof **10-12-46**
 (Burial, cremation, or removal) (City, town, or county) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director: **Parker Hunsaker**
 (b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **10-10-46** (b) **Ed James**
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury **2**
23. Signature: **Ed James** (M.D. or other) **D.O.**
 Address **Joplin, Missouri** Date signed **10/10/46**

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

3-27-46

134

46-10-876

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.