No. 2
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5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1946 128

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36699

Registrar's No. 988

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: Mary E. Wilson Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Years (Specify whether
In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 7
(If outside city or town limits, write "RURAL")
(d) Street No. Mary E. Wilson Home 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louise Andres Wall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Wall

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

7. Birth date of deceased June (Month) 15 (Day) 1854 (Year)

8. AGE: Years 92 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name George Andres

13. Birthplace (City, town, or county) Germany 7 (State or foreign country)

14. Maiden name Frances Andres

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Robert Andres
(b) Address Evansville, Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director Herman H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-12-46 (Date received local registrar) (b) W. E. Hensley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day 10 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1946 to , 19 ; that I last saw her alive on Nov 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration Unknown

Due to senile sclerosis

Due to old age

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None (13D)
Of autopsy None

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 0

23. Signature J. D. Tyloley (M. D. or other)
Address Holland Bldg Date signed Nov 11 46

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1946

MAR 6 1957

DEC 19 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.