

FILED JAN 21 1947

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME GRACE HARPER WALL

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

4. Sex Fe 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm M Wall  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Mar 26 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 7 If less than one day  
min.

9. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Joel S Harper  
13. Birthplace Genl  
14. Maiden name Stephia Rush  
15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm M Wall  
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 1-5-47  
(City, town, or county) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hills Cem

18. (a) Signature of funeral director Stanley Gibson  
(b) Address Carrollton Mo

19. (a) 1/4/47 (b) Mr. Herbert Calvert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1947 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 4 1946 to Jan 1 1947  
that I last saw him alive on Jan 1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death arterial occlusion of left leg Duration  
Generalized arterio-sclerosis

Due to Generalized arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97  
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?

While at work? (Specify type of place) (e) Means of injury D

23. Signature J. M. Mural (M. D. or other) MD  
Address Carrollton Date signed 1/4/47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-18-47

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

*Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

**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.**