

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1557

FILED FEB 13 1947

State File No.

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:
1414 Pearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT

FULL NAME Jennie Wallace

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married,
divorced widow

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

7. Birth date of deceased November 23 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 8 hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

12. Name William King

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

14. Maiden name Elizabeth Ellison

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

16. (a) Informant Mrs. J. O. Parker

(b) Address 1414 Pearl, Joplin, Mo.

17. (a) Burial (b) Date thereof 1-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Joplin, Mo.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 1-13-47 (b) Ed O. Parker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Pearl
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1947 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from
July 1 - 1946 to Jan 1 1947
that I last saw her alive on Nov 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial degeneration
Due to arterio sclerosis

Due to.....
Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (c) Means of injury
Ernest Mitchell (M. D. or other) MD
Address Joplin, Mo. Date signed 1-12-47

47-1-25

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.