S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

Registration District No. 62

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3239

12774

State File No.

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Cedar--Linn Township

(b) City or town: Rural--Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XXXXXXXXX (Specify whether years, months or days)

In this community: Several years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cedar

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Linn Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: XXXXXX

3. (a) PRINT FULL NAME: WALLACE MANDRON JOURNEY

3. (b) If veteran, name war: XXX

3. (c) Social Security No.: XXX

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Elizabeth Journey

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: October 18 (Month) 1891 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	14	X hr. X min.

9. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: XXXXX

FATHER
12. Name: Joe Journey
13. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Nellie Miller
15. Birthplace: Unknown (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant: Wallace Leonard Journey

(b) Address: Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-5-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Stockton City Cemetery

18. (a) Signature of funeral director: CHURCH AND NEALE

(b) Address: Stockton, Missouri

19. (a) 5-10-47 (Date received local registrar) (b) Benna Barnum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 2 year: 1947 hour: 4 minute: P.M.

21. I hereby certify that I attended the deceased from 4-28-, 1947, to 5-1-, 1947; that I last saw him alive on 5-1-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 da.
Due to: Arteriosclerosis	yrs
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 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: Wm B. Riehler M.D. (M. D. or other)

Address: Stockton, Mo. Date signed: 5-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-42-527
Date Filed 5-14-47

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. Melvin Olmstead

Licensed Embalmer No. 3272

P. O. Address. Stockton

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.