

FILED JUN 14 1947

State File No.

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
107 N 2nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)
In this community 2 yrs

3. (a) PRINT FULL NAME John Elijah Wallace

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced W
(b) Name of husband or wife John Elijah Wallace (c) Age of husband or wife if alive 24 years (b) Birth date of deceased May 24 1862 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 13 If less than one day hr. min.

9. Birthplace HARRISON CO MO (City, town, or county) (State or foreign country)

10. Usual occupation FORMER R.R. SECTION

11. Industry or business

12. Name SIMON WALLACE 9
13. Birthplace UN KNOWN (City, town, or county) (State or foreign country)
14. Maiden name HARRISON CO. WRIGHT
15. Birthplace HARRISON CO. MO (City, town, or county) (State or foreign country)

16. (a) Informant RAE M. DANIELS
(b) Address 107 N 2nd SAVANNAH

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation new cemetery

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah MO

19. (a) 6-7-47 (Date received local registrar) (b) William Sparks (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah (If outside city or town limits, write "RURAL")
(d) Street No. 107 N 2 St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7 year 1947 hour 3 minute AM

21. I hereby certify that I attended the deceased from June 5 1947 to June 7 1947 that I last saw him alive on June 6 and that death occurred on the date and hour stated above.

Immediate cause of death arteria sclerosis Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Dr. Helly m.d.

Of autopsy

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

23. Signature Dr. Helly (M. D. or other) Address Savannah MO Date signed 6-7-47

56572

DISTRICT HEALTH OFFICE
Cameton, Mo.

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

L. C. Breet

Licensed Embalmer No.

2650

P. O. Address

Savannah, 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.