

FILED NOV 25 1947
Registration District No. **75**

Primary Registration District No. **5071**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Barton**

(b) City or town **Rural NASHVILLE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 mile East of Nashville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **23 years**
(Specify whether years, months or days)

In this community **23 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

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

(d) Street No. **1 mile East of Nashville**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **George Benjamin Wallace**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1947** hour **2:25** minute **A.** M.

21. I hereby certify that I attended the deceased from **10-1-1947**, to **10-28-1947**, and that I last saw him alive on **10-27-1947**, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Wallace** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **November 19 1865**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage,**
Ext Cerebral Arteriosclerosis

Due to

Due to

8. AGE: Years **81** Months **11** Days **9** If less than one day hr. min.

9. Birthplace **Marchall Co. W. Vir.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired Farmer**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

11. Industry or business

12. Name **Andrew Wallace**

13. Birthplace **no data**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Laura**

15. Birthplace **no data**
(City, town, or county) (State or foreign country)

16. (a) Informant **Widow. Mary Wallace**
(b) Address **Liberal, Mo. R.#1**

17. (a) **burial** (b) Date thereof **10/30/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**
(b) Address **Webb City, Mo.**

19. (a) **NOV 1 1947** (b) **Maria Konyak**
(Date received local registrar) (Registrar's signature)

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 **W. H. Knott, M.D.** (M. D. or other)
Address **Jasper, Mo.** Date signed **10-28-47**

MOTHER FATHER

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

RECEIVED

District Health Officer No. 6,

Case No. 1147-1208

Date 11-24-47

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 _____

Leonard J. Lewis Jr., Registered Apprentice No. 46
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 20859

P. O. Address [Signature]

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.