

National Office of Vital Statistics
FILED JAN 14 1948

Registration District No. 172

Primary Registration District No. 2020

Registrar's No. 172

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 718 E Second St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT
FULL NAME

EMMA MARY WALLACE

3. (b) If veteran,

name war none

3. (c) Social Security No.

none

4. Sex Female 5. Color White 6. (a) Single, widowed, married
divorced Married
race White
6. (b) Name of husband or wife Elmer C Wallace 6. (c) Age of husband or wife if
alive 65 years
7. Birth date of deceased Sept 1 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 28 min

9. Birthplace Spring Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Henry Walmsley

13. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Satterlye Plattman

15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. C. Wallace

(b) Address Washington

17. (a) Burial (b) Date thereof 12-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Geo. J. Go.

(b) Address Washington Mo.

19. (a) DEC 30 1947 (b) Michael S. Haffick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36
(c) City or town Washington Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Rose Terrace 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1947 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11:15 P.M.
12/29 1947 to 12:10 A.M. 12/30 1947;
that I last saw her alive on 12/30 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, thrombosis
Duration 1 1/2 hrs.

Due to

Due to

Other conditions Hypertensive heart disease Unknown
(Include pregnancy within 6 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Michael S. Haffick (M. D. or other)

Address Washington, Mo. Date signed 12/30/47

Date Filed 1-12-48

District File Number

District Health Officer No. 9,

RECEIVED

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 Maurice W. Willenbrink, Registered Apprentice No. 442, working under my personal supervision.

Signed

Licensed Embalmer No. 2464

P. O. Address Washington D.C.

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.