No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1901

Registration District No. 848 | Primary Registration District No. 4369 | Registrar's No.

3
4
0

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Seneca
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Seneca 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Derious Wallace
3. (b) If veteran, name war —
3. (c) Social Security No. 486-01-8748

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Mar /
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. (Month) 5 (Day) 1879 (Year)

8. AGE: Years 68 | Months 11 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Ottawa Co. (Indian terr.) Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Worked in Tripoli Mill
11. Industry or business Barnsdall Tripoli Corp.
FATHER
12. Name George Wallace
13. Birthplace Iowa / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah E. Edwards
15. Birthplace Iowa / (City, town, or county) (State or foreign country)
16. (a) Informant Forrest Wallace
(b) Address Seneca, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Seneca Cem.
18. (a) Signature of funeral director W E Biddlecome
(b) Address Seneca Mo.
19. (a) 1-14-1948 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from Jan-6-1948 to Jan-6-1948
that I last saw him alive on Jan. 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 T. B. Duemler (M. D. ~~or other~~)
Address Seneca Mo. Date signed 1-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 148-249
Date Filed 1-20-48

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.