

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 2003  
Registrar's No. 3RECEIVED  
FILED FEB 6 1949  
PHELPS COUNTY HEALTH OFFICER,  
Registration District No. 296Primary Registration District No. 4410

## PLACE OF DEATH:

Date of death Jan 24  
(a) County Phelps  
(b) City or town St. James  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Soldiers Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
(Specify whether)  
In this community 24 years, months or days

3. (a) PRINT FULL NAME MARGARETE WHITTLE WALLACE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT. 4 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Miller County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Peter J. Whittle13. Birthplace Ky.  
(City, town, or county) (State or foreign country)14. Maiden name Cynthia Hoskins15. Birthplace Ill.  
(City, town, or county) (State or foreign country)16. (a) Informant Ellis B. Hooley(b) Address 102 E. Dunklin Jefferson City, Mo.17. (a) Burial (b) Date thereof 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. James Mo.18. (a) Signature of funeral director Loran L. Adams(b) Address St. James Mo.19. (a) Jan-24-48 (b) Cora C. Birmingham  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
(c) City or town St. James  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1948 hour 4 minute 45 P.M.21. I hereby certify that I attended the deceased from Jan 24  
to Jan 24 19 48that I last saw him alive on Jan 24 19 48  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Embolus Duration 30 minDue to Chronic Arterio-  
Sclerosis year year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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 William S. Brewer M.D.Address St. James Date signed 1-24-48

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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

*Loran L. Adams*

Licensed Embalmer No. *4207*

P. O. Address

*Sheridan, 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.