

FILED FEB 24 1948

Registration District No. 139

Primary Registration District No. 6024

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Forest City *Mrs*
(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 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt *44*
(c) City or town Forest City *0*
(If outside city or town limits, write "RURAL") *0*
(d) Street No. _____ (If rural, give location) *0*
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1948 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 4
1948, to Feb 11, 1948
that I last saw h w alive on Feb 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Decomatal ulcers
& Hemorrhage
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 177
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. Perry (M. D. or other) MD
Address Forest City, Mo. Date signed 2-13-48

3. (a) PRINT FULL NAME Phoebe Wallace
3. (b) If veteran, name war NI
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John William Wallace
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 30 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 11
If less than one day hr. _____ min.

9. Birthplace Holt Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Phlander Johnson *9*
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Banker
15. Birthplace Unknown (City, town, or county) (State or foreign country) *9*

16. (a) Informant Robert Wallace
(b) Address Forest City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Benton Cemetery, Forest City, Mo

18. (a) Signature of funeral director James N. Pitts
(b) Address 2117-48th

19. (a) 2-13-48 (Date received local registrar)
J. Perry (Registrar's signature) *133*

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

4
0
0

**DISTRICT HEALTH OFFICE
Cameron, 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.....

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address. *Oregon 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.