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FILED JUN 29 1948

State File No. _____

Registration District No. 282

Primary Registration District No. 4424

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Polk
(b) City or town HUMANSVILLE
(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 6 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jacob E. Wallace

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

4. Sex MO 5. Color or race W 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 12 28-1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Benton County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Wallace 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name MARY BROWN 9

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Waye Moulder

(b) Address Mex's Creek, Mo

17. (a) BURIAL (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnack Grave Cemetery

18. (a) Signature of funeral director Delbert Hotchkaway

(b) Address Beaubleau, Mo

19. (a) June 24, 1948 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 19
1948 to June 19, 1948
that I last saw him alive on June 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrostatic Pneumonia 30 hrs
Due to Chronic Myocarditis 4 yr.
Due to Essential hypertension

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

Major findings: Of operations 9 3 2
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. E. Wallace (M. D. or other) DO
Address Humansville, Mo Date signed 6-21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 5-48-699

Date Filed 6-28-18

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

Chas. Albert Halloway

Licensed Embalmer No. 4267

P. O. Address

7 Westland, 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.