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

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39299**

FILED JAN 5 1949

Registration District No. 177

Primary Registration District No. 5041

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural
(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 _____
years, months or days

3. (a) PRINT FULL NAME James R. Wallace

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Wallace

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 9 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 13

If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Wallace

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

14. Maiden name Minerva Patty

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

16. (a) Informant Julia Wallace

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 11-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornor Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Dec 11 - 1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(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 Nov. day 22, year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1948, to Nov. 22, 1948; that I last saw him alive on Nov. 22, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis and high blood pressure.

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration _____

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? 0

23. Signature Henry H. Salyer (M. D. or other) MD

Address Cassville Mo. Date signed _____

RECEIVED

District Health Officer No. 8,
District File Number 1248-1436
Date Filed 12-31-48

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 Paul D. Henbest
Licensed Embalmer No. 4576
P. O. Address Cassville

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.