

FILED JAN 13 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39300

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 2

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: 1

(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 John R. Wallace

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex male 0
5. Color or
race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 26 hr. min.

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

10. Usual occupation retired

11. Industry or business

12. Name John Wallace

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

14. Maiden name Minerva Petty

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

16. (a) Informant Mrs. Julia Wallace

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 12-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horner Cemetery

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

(b) Address Cassville, Missouri

19. (a) 1-3-1949 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Rural 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 Dec. day 14
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from
Dec. 4 1948 to Dec. 13 1948
that I last saw him alive on Dec 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Broken hip

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 Glenn T. Salyer (M. D. or other) MD.

Address Cassville Mo. Date signed 12-21-48

RECEIVED
District Health Officer No. 6,
District File Number 149-37
Date Filed 1-11-49

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 Margaret Culver
Licensed Embalmer No. 4389
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.