V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40528

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49 2 5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. Shoal Creek Drive 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VIRGIL OTIS WALLS
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 Irene Walls
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
45	7	17	hr. min.

9. Birthplace Webb City, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired Miner
11. Industry or business
FATHER 12. Name Frank Walls
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ada Gurley
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Irene Walls
(b) Address T.P.A. Cabin, Shoal Creek Dr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope, Joplin, Mo
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 12-30-48 (Date received local registrar) (b) Ed D. Jasper (Registrar's signature)
Jerry Bell Embalmer Joplin Mo
7380 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from Dec 4, 1948, to Dec 29, 1948 that I last saw him alive on Dec 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Peritonitis	25 hr
Due to Ruptured Duodenal ulcer	28 "
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Ernest Mitchell (M. D. or other)
Address Joplin Mo Date signed 12-30-48

48-12-1081

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.