

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40672

Registration District No. 175

Primary Registration District No. 4278

Registrar's No.

1. PLACE OF DEATH:

(a) County Laurie
(b) City or town Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josie Wallace

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas Wallace 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Nov 8 1867 (Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown Newsome

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Mrs Lily Bahr

(b) Address Miller, Mo

17. (a) Home (b) Date thereof Nov 30 48 (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo

18. (a) Signature of funeral director Max J. Smith

(b) Address Miller, Mo

19. (a) 12-1-48 (b) W. S. Buelna (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town He Witt (If outside city or town limits, write "RURAL")
(d) Street No. 2 Miller Trp (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 30 year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 10 1948 to 11-30 1948 that I last saw he alive on 11-30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13

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 _____

23. Signature W. S. Buelna (M. D. or other)

Address Miller, Mo Date signed 12-1-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1375-

Date Filed 12-27-48

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 Max J. Smith

Licensed Embalmer No. 4252

P. O. Address 1211 Union Ave

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.