No. 300
10.48

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

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16942

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rayville
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rayville, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rayville, Missouri
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Alonzo
c. (Last): Wallis

4. DATE OF DEATH (Month) (Day) (Year): May 8 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 3 1869
9. AGE (In years last birthday): 80 — If under 1 year: Months 1, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jasper Wallis
13b. MOTHER'S MAIDEN NAME: Eliza Kimball
14. NAME OF HUSBAND OR WIFE: Amanda McIntyre Wallis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Amanda Wallis — ADDRESS: Rayville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis, Chronic Myocarditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Decubitus Ulcers. — 1721

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP): Rayville (COUNTY): Ray (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 30, 1949 *to* May 8, 1949 *that I last saw the deceased alive on* May 7, 1949 *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Elmer Buehrer (Degree or title): M.D.
23b. ADDRESS: Lawson Missouri
23c. DATE SIGNED: May 10, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 11, 1949
24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope
24d. LOCATION (City, town, or county): Richmond, Mo. (State): Mo.

DATE REC'D BY LOCAL REG.: May 13-1949
REGISTRAR'S SIGNATURE: Maud Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE: Carter Funeral Home — Thomas J. Carter
ADDRESS: Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 REC'D

RECEIVED
District Health Officer No. 8,

District File Number
Date Filed 5-21-49

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 ....., Student Embalmer No. ....., working under my personal supervision.

Signed Thomas J. Carter

Signed .....
Student Embalmer

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.