

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

 State File No. 20384  
 Registrar's No. 1036

|  |                               |   |   |   |   |   |   |
|--|-------------------------------|---|---|---|---|---|---|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>42</u>  |   | PRIMARY REG. DIST. NO. <u>1000</u>  |   | Registrar's No. <u>1036</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Platt</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>  |                               | c. LENGTH OF STAY (In this place) <u>4 1/2 mo 14 days</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Platt City</u>  |   | 85<br>0<br>1  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>   |                               |   |   | d. STREET ADDRESS (If rural, give location) _____   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GEORGE</u>   |                               |   | b. (Middle) <u>W.</u>                         |   | c. (Last) <u>WALLIS</u>                           |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 25 1949</u> |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |   | 8. DATE OF BIRTH <u>Sept 15 1861</u>  | 9. AGE (In years last birthday) <u>88</u>         | IF UNDER 1 YEAR<br>Months <u>00</u> Days <u>10</u>                                  | IF UNDER 2 HRS.<br>Hours _____ Min. _____                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>Platt City Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Brewer Wallis</u>  |                               |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Mulbery</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Eleanor Wallis</u> |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>  |                               | 16. SOCIAL SECURITY NO. <u>Unknown</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Frances E Wallis 910 W 29th St Kansas City Mo.</u>  |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                     |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs.</u>                                   |   |
|  |                               | ANCEDECENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |   |   |   |   |
|  |                               | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |   |   |   | <u>4522</u>   |   |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR _____   |   |   |   |
| 22. I hereby certify that I attended the deceased from <u>Sept 25, 1949</u> , to <u>Sept 25, 1949</u> , that I last saw the deceased alive on <u>Sept 25, 1949</u> , and that death occurred at <u>10:50 P. m.</u> , from the causes and on the date stated above. |                               |   |   |   |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>Albert H. Almeida M.D.</u>   |                               |   |   | 23b. ADDRESS <u>State Hospital #2 St Joseph Mo</u>  |   | 23c. DATE SIGNED <u>Sept 26 1949</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |                               | 24b. DATE <u>Sept. 26-49</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>North Kansas City Mo</u>  |   | 24d. LOCATION (City, town, or county) (State)                                       |   |
| DATE REC'D BY LOCAL REG. <u>Sept 26 1949</u>   |                               | REGISTRAR'S SIGNATURE <u>B. B. Jenkins</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Smiths L.H.</u>  |   | ADDRESS <u>North KC Mo.</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Theron O Smith

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.

Not Embalmed.