

FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31200

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5843</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring City</u> c. LENGTH OF STAY (in this place) <u>40 Yrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spring City</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Wallace</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 14, 1861</u>	
9. AGE (in years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Warren Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>May E. Floyd</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Wallace Jr., Joplin, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malaria</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlarged diseased prostate gland</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1/10X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1, 1949</u> to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 13, 1949</u> and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. B. Guemler M.D.</u>				23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>9/18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborne</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-19-49</u>		REGISTRAR'S SIGNATURE <u>Phyllis Brite</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker-Hunsaker Mortuary, Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. NEWTON Co. HEALTH UNIT  
District File Number 948 - 161  
Date Filed SEP 26 1949

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**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.

Student .....  
Student Embalmer

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.