

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39936
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6169</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lagan</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lagan</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>H</u>		c. (Last) <u>Wallace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 17 1949</u>	
5. SEX <u>m</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 26 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tractor Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Hilda Hisham</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Wallace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Martha Wallace</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary T. B.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
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)		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 1949</u> , to <u>10-17-49</u> , that I last saw the deceased alive on <u>Nov 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Asbury M. S. D.</u>				23b. ADDRESS <u>Galeta Mo.</u>		23c. DATE SIGNED <u>18 Nov 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Berlin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 19-49</u>		REGISTRAR'S SIGNATURE <u>Lena Murray, Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ernest L. Cheatham Salina Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 2 1958
District Health Office, No. 6,
District File Number 1246-1306
Date Filed 12-23-58

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

Ernest J. Chestman

Licensed Embalmer No. 3870

P. O. Address

Halenawood

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.