

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37645

4819

BIRTH NO.		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>10 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2931 Wyandotte</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Prentiss</u> c. (Last) <u>Wallace</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11-9-1951</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 18-1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Wm Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Eliabeth Osborn</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha P. Wallace</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>572-16-3531</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Wallace</u>		18. ADDRESS <u>2931 Wyandotte</u>		19. MEDICAL CERTIFICATION	
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cecal perforation</u> (b) <u>Perforation small bowel</u> (c) <u>Intestinal obstruction</u> II. OTHER SIGNIFICANT CONDITIONS <u>Bilateral inguinal hernia</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Nov 5</u> , 19 <u>51</u> , to <u>Nov 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 8</u> , 19 <u>51</u> , and that death occurred at <u>7:10 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert Shuey</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>3903 Brooklyn</u>			
23c. DATE SIGNED <u>11-10-51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>			
24b. DATE <u>11-13-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Not Hope Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Libertine</u>			
DATE REC'D BY LOCAL REG. <u>11-10-51</u>				REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No. _____

Licensed Embalmer No. 3135

P. O. Address 14000 1st St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.