

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31910**
Registrar's No. **3880**

FILED SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

3

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 3234 Myrtle	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3215 Mersington			

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3. NAME OF DECEASED (Type or Print) a. (First) W. b. (Middle) W. c. (Last) WALLACE			4. DATE OF DEATH (Month) (Day) (Year) 9-2-52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 12-14-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman		10b. KIND OF BUSINESS OR INDUSTRY K. C. Public Serv.		11. BIRTHPLACE (City and State or Foreign Country) Creston, Iowa	
13a. FATHER'S NAME George Wallace			13b. MOTHER'S MAIDEN NAME Mary Kanoff		14. NAME OF HUSBAND OR WIFE Clara Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ? -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Horton 1055 Kimball K. C. K.	
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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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 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 4201
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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) m.		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 6-1, 1950 to 9-1, 1952 that I last saw the deceased alive on 8-1, 1952 and that death occurred at 9 m., from the causes and on the date stated above.

23a. SIGNATURE James J. Kelly (Degree or title) M.D.		23b. ADDRESS 1207 Myrtle St. K.C. Mo.		23c. DATE SIGNED 9-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-2-52		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	
		24d. LOCATION (City, town, or county) (State) Creston, Iowa			

DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar K.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.