

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41008

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard(b) Township Liberty

(c) City

Registration District No. 838Primary Registration District No. 669815

Registered No.

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME 430 Henry Seigel Wallace

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElizabeth Wallace6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1862

7. AGE

YEARS

77

MONTHS

0

DAYS

12If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Farmer9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

FATHER

13. NAME

No record

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

No Record

MOTHER

15. MAIDEN NAME

Harriett Brewer

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

No record17. INFORMANT
(ADDRESS)Roy Wallace
Dudley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dudley Cem.

DATE

11/16/39

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Blankenship-StricklandDexter, Mo.

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11/13/39

19

22. I HEREBY CERTIFY, That I attended deceased from

6-1-1938 to 7-4-1939I last saw him alive on 7-4-1939 Death is saidto have occurred on the date stated above, at 11:30 pm

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

(Died suddenly before
medical aid could be
summoned.)

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Frank Labaree
Dexter Mo.

RECEIVED

Chief Health Officer No. 2

License No. 1239-430

Date Recd. 12-11

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.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3479

P. O. Address Water, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41008

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 838
(b) Township Liberty Primary Registration District No. 6098B
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Henry Seigal Wallace St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Elizabeth Wallace
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-31-1862

7. AGE YEARS 77 MONTHS 0 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY)

15. MAIDEN NAME Harriet Dwyer

16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Res. H. Wallace
Dwight

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dwight Co DATE 11-16 1920

19. FUNERAL DIRECTOR (ADDRESS) Clarence Rippe & Son
St. Louis

20. FILED 1/20 1940 Jennie Burton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chf. In my Cardiac
and suddenly before
medical help could
be summoned

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas La Rue M. D.

(Address) Reptiles

