

No. 2  
-5-43  
17-39  
X36571

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

FILED AUG 7 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 6129 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County SHANNON

(b) City or town RURAL - JACKSON TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHANNON MO

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. JACKSON TOWNSHIP  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN COLLINS WALLACE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE BLANCHE WALLACE

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased APRIL 24 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>15</u>	— hr. — min.

9. Birthplace MARIES COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name DOUGLAS WALLACE

13. Birthplace MARIES COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name LINDAR PRICE

15. Birthplace RICHLAND VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Wallace

(b) Address Rector, Mo.

17. (a) BURIAL (b) Date thereof JULY 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RECTOR CEMETERY

18. (a) Signature of funeral director Hobson Shantha

(b) Address SALEM, MO.

19. (a) 7-24-47 (b) Walter P. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9  
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-19-47 to 7-9-47 19\_\_\_\_;

~~7-9-47~~ 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pernicious anemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration yr.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

23. Signature M. M. ... (M. D. or other) MD.

Address Salem, Mo. Date signed 7/10/47

RECEIVED

District Health Officer No. 2

District File No. 847422

Date Filed 8.5.47

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.....

Edward J. Broyles....., Registered Apprentice No. 435  
working under my personal supervision.

Signed May L. Orsfield  
Licensed Embalmer No. 4170

P. O. Address Salem, 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.