

5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43653

FILED JAN 25 1941

State File No. 915

Registration District No. 911

Primary Registration District No. 6236

Registrar's No. 6236

1. PLACE OF DEATH: Ray Knolls

(a) County Ray

(b) City or town Millerville Rural

(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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Near Millerville Rural

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Russell Wall

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maud Wall

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

7. Birth date of deceased July 13 1872

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 5 9 _____ hr. _____ min.

9. Birthplace Ray co. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Framer

11. Industry or business _____

MOTHER FATHER { 12. Name Octavius Wall

13. Birthplace Ray co. Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Natural Wall

15. Birthplace Ray co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maud Wall

(b) Address Richmond, Mo.

17. (a) Buried (b) Date thereof Dec. 26 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director G W Mansur

(b) Address Richmond, Mo.

19. (a) Jan 8 1941 (b) Naomie Kelly

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22

year 1940 hour about 6 minute - P. M.

21. I hereby certify that I attended the deceased from called in as coroner

called, 1940, to 1940, 1940;

that I last saw h. _____ alive on _____, 1940;

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

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to Senility

Other conditions 9410

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Coronary Occlusion
Arteriosclerosis

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? _____

670 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. M. Griffith (M. D. or other) M.D.

Address Richmond, Mo. Date signed 1-22-41

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

9

RECEIVED
District Health Officer No. 8,
Latter File Number
Date Filed 7-10-47

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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

A. W. Mansur
4157
Richmond 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.