

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

12173

Do not use this space.

**1. PLACE OF DEATH**

(a) County Ray Registration District No. 740  
 (b) Township Crooked River Primary Registration District No. 5-9-75 Registered No. 7  
 (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 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

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

**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 OF Laura Agnes Gaer Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 16 hrs. or min.  
82 11 20 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmen  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming  
 10. Date deceased last worked at this occupation (month and year) Apr. 1930 11. Total time (years) spent in this occupation 70

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

FATHER 13. NAME Pike Wall

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

MOTHER 15. MAIDEN NAME Mary Duncan

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

17. INFORMANT Mrs. Marmer Wall  
 (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL Parsonage Cemetery DATE March 3, 1940

19. FUNERAL DIRECTOR (NAME) John Kneppchild  
 (ADDRESS) Hardin, Mo.

20. FILED Mar. 9th 1940 R. L. Willetford Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Mar 2, 1940

I last saw him alive on Jan 15, 1940. Death is said to have occurred on the date stated above, at 8 a. m.

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

Senile Gangrene of Foot started with Bruise of Right Foot -  
97

Date of onset 1 yr.

Other contributory causes of importance: Arterio-sclerosis 15 yrs not Diabetic -

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? no  
 If so, specify \_\_\_\_\_

(Signed) Marion Green, M. D.  
 (Address) Hardin, Mo.

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.

RECEIVED  
District Health Officer No. 8  
District File Number 4-19-42  
Date Filed

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John W. Knipschild  
Licensed Embalmer No. 2789  
P. O. Address Hardin 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.**