

Registration District No. 228

Primary Registration District No. 3017

1. PLACE OF DEATH

(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 13 & Merial 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME JESSE, EUGENE WALLACE 420

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 Divorced

6. (b) Name of husband or wife Margaret Wallace 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 23, 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Muscatine Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Diesel Engineer

11. Industry or business at sea

12. Name E. A. Wallace

13. Birthplace Muscatine Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jarvie

15. Birthplace Muscatine Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Wallace

(b) Address 13 & Merial

17. (a) Burial (b) Date thereof May 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muscatine Cemetery, Iowa

18. (a) Signature of funeral director Raymond A. Wallace Mo

(b) Address Trenton, Mo.

19. (a) 5-2-40 (b) Jesse A. Paen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY
(c) City or town TRENTON MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No. 314 WEST THIRTEENTH STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1940 hour 04 minute 30 a.m.

21. I hereby certify that I attended the deceased from 28
April, 1940, to May 1, 1940

that I last saw him alive on April 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Stomach Duration 1 year

Due to _____

Due to _____

Other conditions Arteriosclerosis anural
(Include pregnancy within 3 months of death) years

Major findings: Of operations _____

Of autopsy _____

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? 300

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

23. Signature E. G. Dickey (M. D. or other) 1

Address Trenton, Mo. Date signed May 1, 1940

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 _____

Robert B. Harris _____, Registered Apprentice No. 212
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3424

P. O. Address Leicester, 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.