

Registration District No. 830

Primary Registration District No. 4503

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(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
years, months or days)

3. (a) PRINT FULL NAME Luther Perkins Wallace 420

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex male 5. Color or race black 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 8/31/1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 22 hr. min.

9. Birthplace Monroe Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business 4

MOTHER FATHER { 12. Name Jim Wallace

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Becky Hayes

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

16. (a) Informant Mariah Wallace

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 5/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina O.O.F.

18. (a) Signature of funeral director Million & Barkelew

(b) Address Shelbina, Mo.

19. (a) May 31-40 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 10
1940 to May 23, 1940
that I last saw him alive on May 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate gland Duration 3 Weeks

Due to Peritonitis

Due to Gonorrhea 10 yrs

Other conditions 30
(Include pregnancy within 3 months of death)

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? 74A

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

23. Signature J. H. Simpson (M. D. or other) Do

Address Shelbina Mo Date signed May 23 40

RECEIVED

District Health Officer No. 10

District File Number 6-40-1216

Date Filed JUN 12 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Marion E. McGee

Licensed Embalmer No.

395-7

P. O. Address

Shelbina, 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.