

FILED FEB 18 1942

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Trenton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2113 - Lula St, Trenton, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community all his life in Grundy Co. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
 (c) City or town Trenton, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2113 Lula
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EDWARD GLEASON
 3. (b) If veteran. ✓ name war 2
 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
 year 1942 hour 2:00 minute P M.
 21. I hereby certify that I attended the deceased from Carson's Examinations to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death myocarditis Duration _____

4. Sex MD 5. Color or race W
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife Lucy May Gleason
 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Feb. 10 1878
 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 4
 If less than one day _____ hr. _____ min.

9. Birthplace Grundy Co Missouri
 (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Dan Gleason
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mama
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Lucy M Gleason

(b) Address 2113 Lula St

17. (a) Burial (b) Date thereof 1-16-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fox Cemetery

18. (a) Signature of funeral director Davis

(b) Address Trenton, Mo

19. (a) 1-16-42 (b) Gene D. Fair
 (Date received local registrar) (Registrar's signature)

Other conditions Sclerosis of spinal cord with Paralysis of Extremities PHYSICIAN
 Major findings: and chronic damage
 Of operations _____
 Of autopsy 120a2
 Under 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)
 (e) Means of injury _____

23. Signature W. A. Mason (M. D. or other) MD
 Address Trenton Mo Date signed 1-15-42

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

40
1
2

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. *myself*

Signed.....

Licensed Embalmer No. *3423*

P. O. Address..... *Greentown 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.