

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

40169
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026
 (c) City Chillicothe (d) Street No. Chillicothe Hospital St. 150
 (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 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

42 CHARLES GLASCO
 (a) Residence, No. 56 - East Third 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 COLOR 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MABEL GLASCO
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-14-1884
 7. AGE YEARS 55 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. LABOR W.P.A.
 10. Date deceased last worked at this occupation (month and year) ABOUE 1 MONTH 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Atchison (STATE OR COUNTRY) KANSAS

FATHER
 13. NAME HOWARD GLASCO

14. BIRTHPLACE (CITY OR TOWN) LEXINGTON (STATE OR COUNTRY) KENTUCKY

MOTHER
 15. MAIDEN NAME MORRIS BENNETT

16. BIRTHPLACE (CITY OR TOWN) LEXINGTON (STATE OR COUNTRY) KENTUCKY

17. INFORMANT Mrs Pearl Green (ADDRESS) Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE NORTH CEM. DATE DEC 6 39

19. FUNERAL DIRECTOR (NAME) A. A. Weinsthayer (ADDRESS) Chillicothe Mo.

20. FILED 12-6 1939 H. M. Moore M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 3 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-29- 1939 to Dec 3 1939
 I last saw him alive on Dec-3- 1939. Death is said to have occurred on the date stated above, at 7:55 p.m.
 The principal cause of death and related causes of importance were as follows:

Luetic Encephalitis Date of onset _____

Other contributory causes of importance: 34

Name of operation Medical Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? no

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? ✓
 If so, specify Reckless Drives
 (Signed) Chillicothe Mo. M. D.
 (Address) _____

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: 111
1239-1672
DEC 9 1939

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, _____

Elmer Thomas

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address *Phillipcothe M*

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.

