

JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43717

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
208 North Ball
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX (Specify whether
 In this community 42 years
 years, months or days)

8. (a) PRINT FULL NAME Freda Margaret Glaser 4/268. (b) If veteran, name war XX 8. (c) Social Security No. XX4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive XX years7. Birth date of deceased May 29, 1857
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 6 14 hr. min.9. Birthplace Bellville Illinois
(City, town, or county) (State or foreign country)10. Usual occupation at home11. Industry or business home12. Name Bernard Wick13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Susanna Kesler15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Elmer Wick(b) Address Webb City, Mo.17. (a) removal (b) Date thereof Dec. 15, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellville, Ill.18. (a) Signature of funeral director Judge Nelson(b) Address Webb City, Mo. 29519. (a) DEC. 14, 39 (b) J. P. Hittchett M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Webb City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 208 North Ball
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 13th
year 1939, hour 6:15 minute P. M.21. I hereby certify that I attended the deceased from 4/19/38
2
1938, to 12-13- 1939;that I last saw her alive on 12-13- 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular
Renal Disease

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None

PHYSICIAN

Underline 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 J. P. Hittchett M.D. (M. D. or other) _____Address Webb City, Mo. Date signed 12/14/39

RECEIVED

District Health Officer No. 6,

District File Number 140-51

Date Filed JAN 5 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.....

E. M. Hedge....., Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Hedge.....
Licensed Embalmer No. 2859
P. O. Address West Pittsboro

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.