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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6628

Registration District No. FILED MAR 18 1940

Primary Registration District No. 2001

Registrar's No. 147

1. PLACE OF DEATH

(a) County Greene

(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 797 W. Mt. Vernon St 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 ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 797 W. Mt. Vernon St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Francis M. Glidewell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Etta Glidewell

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug. 2 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
7	79	6	9	hr. min.

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

10. Usual occupation farmer.

11. Industry or business

FATHER
12. Name Davis Glidewell 1
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fee Glidewell
(b) Address 933 E Sunshine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Manly cem.

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo. 290

19. (a) 2/12/40 (Date received local registrar) (b) Chas A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1940 hour 10 minute 35 A M.

21. I hereby certify that I attended the deceased from Jan. 15, 1940, to Feb. 11, 1940;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia 121

Due to Abscess of left testicle

Due to ?

Other conditions Degenerative cardio vascular-renal disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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

23. Signature Arthur D. Krabbe (M. D. or other) M.D.
Address 450 1/2 E. Cornil Date signed 2/12/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.