

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7632

Registration District No. 67

Primary Registration District No. 4388

Registrar's No. 20

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
foot of Ward Avenue  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 10 years  
years, months or days)

3. (a) PRINT FULL NAME Joe Glover 416  
8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Annie Glover 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased December 25, 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Memphis, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business any odd jobs

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mollie Glover  
(b) Address 4614 Calumet, Chicago, Ill.

17. (a) Burial (b) Date thereof 2/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La. Farge Land Co.  
(b) Address Caruthersville, Mo.

19. (a) Feb. 26, 1940 (b) Ada Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Alley between E. 6th & E. 7th St's  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1940 hour ? minute ? A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead lying in cold rain, clothes drenched with water, body wet and cold.

Due to Apparently died from exposure

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 1 AD

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury) Acting

23. Signature J. D. Sisk Coroner  
Address Caruthersville, Mo. Date signed 2/20/40

**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

*J. S. Schuman*

Licensed Embalmer No. *4086*

P. O. Address *Cynthiana, 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.**