

No. 2
13-40
17-39
X2315

FILED SEP 24 1940

816

Primary Registration District No. **601**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Kelso** **Mo** **---Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) **2**

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All of life**
years, months or days

3. (a) PRINT FULL NAME **Bernard Glueck** **420**

3. (b) If veteran, name war **World**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Hermina Glueck**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **August 27, 1896**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	11	27	hr. _____ min. _____

9. Birthplace **Kelso Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

MOTHER FATHER

12. Name **Joseph Glueck**

13. Birthplace **Kelso, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Seyer**

15. Birthplace **Kelso, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Hermina Glueck**

(b) Address **Chaffee, Mo R#2**

17. (a) **Burial** (b) Date thereof **8/26/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Augustine-Kelso**

18. (a) Signature of funeral director **Lair-Nunnelee**

(b) Address **Charleston, Missouri**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**

(c) City or town **Near Kelso-Chaffee R#2**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **24th**
year **1940** hour **5** minute **15 a** M.

21. I hereby certify that I attended the deceased from **Attended as Coroner**
19 to **19** _____, 19 _____;

that I last saw h. _____ alive on _____, 19 _____;

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

Immediate cause of death _____

ACCIDENTAL GUNSHOT WOUND IN

Due to **STOMACH--**

Due to **12 guage shotgun accidentally**

Other conditions **discharged**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **104**

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) **Accident**

(b) Date of occurrence **8/24/1940**

(c) Where did injury occur? **Chaffee R#2 Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

735 No (Specify type of place) **Gun** 5
While at work? (e) Means of injury

23. Signature **John F. Nunnelee** (D. O. Coroner)
Address **Charleston, Mo** Date signed **Scott County**

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

RECEIVED

District Health Officer No. 2,

District File Number

940-1370

Date Filed

9/3/40

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

John P. Nunnelle Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston 7

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.