

**OCT 12 1940**

Registration District No. **169**

Primary/Registration District No. **4093 5235**

Registrar's No. **24**

**1. PLACE OF DEATH:**  
 (a) County Chariton  
 (b) City or town Brunswick *"Rural"*  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days)

8. (a) PRINT FULL NAME Eva L. Glenn

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. H. Glenn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15th, 1874  
(Month) (Day) (Year)

8. AGE:	Years <u>65</u>	Months <u>9</u>	Days <u>20</u>	If less than one day hr. _____ min. _____
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9. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lev Riley  
*FATHER*

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Glenn  
*MOTHER*

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Less Riley

(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 9/6/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. McNeel  
(b) Address Brunswick, Mo.  
19. (a) Sept 9/1940 (b) Harry E. Tatum  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Chariton  
 (c) City or town Brunswick, "Rural"  
 (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 September day 5th.  
year 1940 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from June 3, 1940 to September 3, 1940  
that I last saw her alive on September 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bowel  
Cancer of intestinal tract 6 mos.

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 \_\_\_\_\_

28. Signature Harry E. Tatum (M. D. or other) M. D.

Address Brunswick, Missouri Date signed 9-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 L. J. Macisak

Licensed Embalmer No. 823

P. O. Address Brunswick

**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.**