

Registration District No. 516

Primary Registration District No. 5682

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural Wheeling Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5 miles North of Wheeling, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community Two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles North Wheeling, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Vera Leora Glenn

3. (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 Dorsey Lenola Glenn 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased December 19 1908
(Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George M. Johnson
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Settle
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant D. L. Glenn
(b) Address R. F. D. Wheeling, Missouri

17. (a) Burial (b) Date thereof 11-6-'40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth, Mo. Cem.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri

19. (a) Nov. 5th 40 (b) Mrs. L. Boone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1940 hour 9:30 PM minute PM M.

21. I hereby certify that I attended the deceased from April 13th
1940, to November 3, 1940;

that I last saw her alive on November 3rd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura Embolism, Duration
Chronic Myocarditis,
following Childbirth.

Due to _____
Due to 145

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

4/105 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature D. F. Youell _____ (Type or other) DO
Address Wheeling, Mo Date signed Nov 4 1940

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....

working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No..... 4036

P. O. Address Chillicothe, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.