

No. 2
11-10-39
1-17-39
I. X2192

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39530

State File No. _____

Registration District No. 708

Primary Registration District No. 3937d

Registrar's No. 14

1. PLACE OF DEATH

(a) County Polk
(b) City or town South Greene
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether 3)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No four miles Northeast Hudson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Emley Josephine Gladden

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color, or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Harvey Wilson

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Linna

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

16. (a) Informant Grove Gladden

(b) Address Hudson Missouri

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

(c) Place: burial or cremation Lisley Creek

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Bolivar Missouri

19. (a) Nov 3 1940 (b) Mal Janner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1940 hour 10 minute P.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 Coronary Occlusion

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

636 While at work? _____ (Specify type of place) (e) Means of injury _____
Signature J.B. Hutchison Coroner
Address Bolivar Mo. (M. D. or other) _____
Date signed Nov 9

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 12-40-1762

Date Filed 12-11-40

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 Bert Tigan

Licensed Embalmer No.

P. O. Address Bolivar

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.