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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 10 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41414

Registrar's No. 4807

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.Gen.Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 418 West 42nd St. (If rural, give location)

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

3. (a) PRINT FULL NAME RUSSELL JOHN GLORE

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ELLA R. GLORE

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 5th (Month) (Day) 1873 (Year)

8. AGE: Years 66 Months 4 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Watchman

11. Industry or business Night Watchman

FATHER
12. Name John Robert GLORE
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ESTES
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. ELLA GLORE

(b) Address 418 W 42nd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. BLACKMAN

(b) Address 2825 INDEP. BLVD.

19. (a) 12-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1940 hour 5:00 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 12-9-40, 19..., to 12-16-40, 19...; that I last saw him alive on 12-16-40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus; Arteriosclerotic hypertension; hypertrophy of Heart with aneurysmal dilatation of aorta

Due to and Arteriosclerotic nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 96

Major findings:
Of operations

Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emery R. Shore (M. D. or other)

Address Med. Dir. K.C.Gen.Hospital, K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address 2825 Indep. Blvd. KC, 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.