

REG. JAN 13 1949

Registration District No. 230

Primary Registration District No. 5312

State File No. _____

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Crawford
 (b) City or town Rural Benton Township
 (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 LIFE years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route, Cuba, Mo. (If rural, give location)
 0
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Allen A. GLASSEY

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

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

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

7. Birth date of deceased August 7th 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace ST. Louis MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Armstrong Glassey

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

14. Maiden name Rachel Ogletree

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

16. (a) Informant's own signature John A. Glassey

(b) Address Cuba, STAR Route, MO.

17. (a) UP. Cemetery (b) Date thereof OCT. 29 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Mo

18. (a) Signature of funeral director J. H. Ballou

(b) Address Cuba, Mo.

19. (a) 10/28/39 (b) J. J. A. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1939 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 12 1939 to October 27, 1939
 that I last saw him alive on Oct. 26, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 15 days
Robert

Due to _____
 Due to _____

Other conditions 108
 (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? 256

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

23. Signature Justin G. A. [Signature] (M. D. or other)

Address Cuba, Mo Date signed 10/28/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
 I-10851

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..... *Joseph Holloway*.....
Licensed Embalmer No. *3643*
P. O. Address..... *Cuba, 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.