

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21351

State File No. \_\_\_\_\_

Registration District No. 124

Primary Registration District No. 4070

Registrar's No. 21

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Jackson  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Flournoy  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community entire life  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Margaret E. Gladish  
 8. (b) If veteran, name war ✓  
 8. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Washington Gladish 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased July 17 1862  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>78</u> | <u>10</u> | <u>28</u> | hr. _____ min. _____ |

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

10. Usual occupation housekeeping

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

MOTHER FATHER  
 12. Name Samuel A. Strong  
 13. Birthplace Cape Gir. Co Mo. C.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jessie Helderman  
 15. Birthplace Cape Gir. Co Mo. C.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Harle  
 (b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 6-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights, Jackson

18. (a) Signature of funeral director J. G. ...  
 (b) Address Jackson Mo.

19. (a) 6-17-41 (b) D. S. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Cape Girardeau  
 (c) City or town Jackson Mo  
(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 6 day 15  
 year 41 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-15-41 to 6-15-41  
 that I last saw h. p. v. alive on 6-15-41 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
 Due to \_\_\_\_\_  
 Due to AFW

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

Major findings: Of operations \_\_\_\_\_  
 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. K. ... (M. D. or other) ✓  
 Address Jackson Mo Date signed 6-17-41

Duration

one attack

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

1 X1931

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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.....

*Lynna Steele*

Licensed Embalmer No. *2476*

P. O. Address..... *Jackson 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.**