

No. 2
1-4-41
3-17-39
K28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Walter 25809
State File No. _____
Registrar's No. 227

REGISTRATION DISTRICT NO. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 1110 West 4th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 1110 West 4th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Dora B. Glasgow

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 William H. Glasgow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1-1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo. Kite

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

14. Maiden name Emma Buracker

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

16. (a) Informant William H. Glasgow

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof July 14-41
(Burial, cremation, or renoval) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 7/14/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)
706 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from May 1941 to July 12 1941; that I last saw him alive on July 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 mo

Due to Thyroid toxicosis + menopause neuritis

Due to _____
Other conditions (include pregnancy within 5 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? _____

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

23. Signature A. L. Walter (M. D. or other) D.M. 10

Address 120 W 5 Sedalia Mo Date signed 7-14-41

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

10
6
4

RECEIVED

District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 L. E. Baulch

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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, fact should be so stated above.