

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 29014

Registration District No. 657

Primary Registration District No. 882 ✓

Registrar's No. 78

1. PLACE OF DEATH:

(a) County: Remond
 (b) City or town: Rural, Little France
 (c) Name of hospital or institution: 1
 (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

8. (a) PRINT FULL NAME: VIRGIE LEE GLASPEY

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

4. Sex: 27M 5. Color or race: cal. 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: May (Month) 20 (Day), 1941 (Year)
 8. AGE: Years 0 Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace: Caruthersville (City, town, or county) MO (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: Ernest Glaspey
 13. Birthplace: Pocahontas, Ark. (City, town, or county) (State or foreign country)
 14. Maiden name: Celia Halmer
 15. Birthplace: Jamestown, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Ernest Glaspey

(b) Address: Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 (Month) 13 (Day) 41 (Year)

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

18. (a) Signature of funeral director: Smith & Hill

(b) Address: Hayti, Mo.

19. (a) Aug 12, 1941 (Date of local registrar) (b) Celia Martine (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Remond
 (c) City or town: Little France (If outside city or town limits, write "RURAL")
 (d) Street No.: R. No. 1 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Aug. 21, 1941, to Aug. 11, 1941, that I last saw him alive on Aug. 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: PNEUMONIA - BRONCHITIS Duration 3 days

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? _____

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

23. Signature: J. J. Aguirre (M. D. or other)

Address: Caruthersville, Mo. Date signed: 8-12-41

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

9-41-8

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29014

Registration District No. 651

Primary Registration District No. 5862

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Virgie L. Glaspey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race B

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 25
(Month) (Day)

8. AGE:

Years 0

Months 3

Days 2

If less than one day _____ min

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 12
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
(Immediate cause of death)

Pneumonia - Bronchial
Due to no impingement prior or delay to pneumonia
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

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

MOTHER PAPER

SUPPLEMENTARY

