No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30827

State File No. 3584

Registration District No. FILED OCT 13 1941 Primary Registration District No. 1002 Registrar's No.

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

18
3
8

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: 3025 BENTON 1 (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 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 50 (If outside city or town limits write "RURAL")

(d) Street No. 3025 BENTON 0 (If rural, give location)

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

3. (a) PRINT FULL NAME MRS CARRIE ELIZABETH GLASCOCK

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased MAY (Month) 14 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 11 If less than one day hr. min.

9. Birthplace CONWAY MASS (City, town, or county) 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM G PERRY
13. Birthplace CLINTON CO N.Y. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name CHARLOTTE E DELONG
15. Birthplace WEST CHAZY N.Y. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs L. W. Robins

(b) Address 3025 BENTON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation EMPORIA KANSAS

18. (a) Signature of funeral director Eads Bros. Rollie M. Eads

(b) Address 1416 Minnesota

19. (a) 9/26/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25 year 1941 hour 5 minute 40 PM M.

21. I hereby certify that I attended the deceased from Sept. 1936, 19, to Sept. 25, 1941; that I last saw her alive on Sept 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Renal, Diverticulitis Sigmoid with peritonitis	4 da.
Due to	
Due to Cardio Renal Syndrome	6 yrs.
Other conditions no (Include pregnancy within 3 months of death)	

Major findings: Of operations no

Of autopsy Diverticulitis Sigmoid with peritonitis

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature C. V. McWilliams (M. D. or other) MD

Address 707 Huron Bldg KCK Date signed 9-26-41

(Licensed Embalmer's Statement on Reverse Side)

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 Rollie M. Eads

Licensed Embalmer No. 2381

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.