

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19201

State File No.

JUN - 19 1942
Registration District No. 6740

Primary Registration District No. 4511

Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Puxico, Mo
(If outside city or town limits, write "RURAL" and name of township)
(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.....
In this community 5 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Harrington 94
(If outside city or town limits, write "RURAL") 7
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME J. Jane Sutton Glover
3. (b) If veteran..... name war.....
3. (c) Social Security No.....

20. DATE OF DEATH: Month 5 day 29
year 1942 hour 11:40 a.m. minute..... M.
21. I hereby certify that I attended the deceased from 2-20-42
19..... to 5-29 1942
that I last saw her alive on 5-29 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Helix S. Glover
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 6 1858
(Month) (Day) (Year)

Immediate cause of death.....
Respiratory + Heart Failure
Due to..... Senility
Due to.....

8. AGE: Years Months Days If less than one day
73 83 9 23 hr. min.

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

9. Birthplace.....
(City, town, or county) (State or foreign country) 9
10. Usual occupation Housewife
11. Industry or business.....
12. Name James C. Sutton
13. Birthplace Seneca 1
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Hart Draper
15. Birthplace Seneca 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Max C. B. Cookson
(b) Address Puxico, Mo
17. (a) Burial (b) Date thereof May 31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harrington, Perry
18. (a) Signature of funeral director Watkins
(b) Address Puxico, Mo
19. (a) May 30 1942 (b) J. M. Willey
(Date received local registrar) (Registrar's signature)

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 2
23. Signature J. M. Willey (M. D. or other) D.O.
Address Puxico, Missouri Date signed 5-30-42

1132 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-711
Date Filed JUN 16 1942

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 B. J. Brentlinger
Licensed Embalmer No. 4201
P. O. Address Dexter, 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.