S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22183

State File No.

Registration District No. 7-13 Primary Registration District No. 4464 Registrar's No. 78

94
4
1

1. PLACE OF DEATH

(a) County St Francois
(b) City or town Farmington (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 —
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois
(c) City or town Desloge (If outside city or town limits, write "RURAL")
(d) Street No. 701 Monroe (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BEN C. GLOVER
3. (b) If veteran, name war World War.
3. (c) Social Security No. 498-10-5814
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Huffstuttler
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec (Month) 27 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	3	— hr. — min.

9. Birthplace New Madrid County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name James Glover
FATHER 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ada Owen
MOTHER 15. Birthplace New Madrid Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Gertrude Glover
(b) Address 701 Monroe, Desloge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Mo.
18. (a) Signature of funeral director Reidy Funeral Home
(b) Address Farmington, Mo.
19. (a) 7-1-42 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1942 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 30 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.
By Inquest

Immediate cause of death Skull Fracture
Jury Verdict: The deceased came to his death by jumping from the 3rd floor of the St. Francois County Court House June 30, 1942 Approximately 2:10 P.M. Suicide

Duration

Due

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

164 h

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) Suicide
(b) Date of occurrence June 30, 1942
(c) Where did injury occur? Farmington St Francois Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Skull Fracture
23. Signature Clarence Claywell (M.D. or other) Coroner
Address Bonne Terre Mo Date signed 6/30/42

1196 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1942

RECEIVED JUL 8 1942
District Health Officer No. 4
District File Number 742-834
Date Filed 7-7-42

MAR 10 1943

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.