

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 253

49
529
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 216 N. Wall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66 Years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 216 North Wall street.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chas. W Glover.

3. (b) If veteran, name war ***

3. (c) Social Security No. 493-12-2934

4. Sex M U

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 4th 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Independence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Collector Joplin Globe Pub.

11. Industry or business same

12. Name J. B. Glover

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

14. Maiden name Charlotte Ann Taylor

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

16. (a) Informant Mrs. Inez White

(b) Address Joplin Mo

17. (a) Burial Joplin (b) Date thereof 8-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Joplin Mo

19. (a) 8-24-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1942 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions: 940
(Include pregnancy within 3 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? _____

While at work? Yes (Specify type of place)

23. Signature [Signature] (M. D. or other) _____
Address Carthage Mo. Box 24

1204

42

MUR 17 1948

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 *Harry T. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *John Hill*

SEP 2 1942

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.