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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31216

FILED OCT 10 1942

Registration District No. 373

Primary Registration District No. 4458

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Collins
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harriett Naomi Glinn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 11 (Day) 1876 (Year)

8. AGE: Years 66 Months Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Albin

13. Birthplace (City, town, or county) Lavina Milton Ind. / (State or foreign country)

MOTHER 14. Maiden name Lavina Milton

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

16. (a) Informant Henry Glinn

(b) Address Collins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7-42 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Joseph & Hutsler

(b) Address Humansville, Mo.

19. (a) Sept. 7, 1942 (Date received local registrar) (b) Nels Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1942 to Sept 6 1942 that I last saw her alive on Sept 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of the lung.	
Due to	
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 61

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. E. D. Brown (M. D. or other) D.O.

Address Collins Mo. Date signed

1154 (Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947

RECEIVED
District Health Officer No. 7,
District File Number 10-42-1053
Date Filed 10-6-42,

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 Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address: Humansville

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.