S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39699

Registration District No. 149 — Primary Registration District No. 1002. — Registrar's No. 4517

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: 4152 Harrison / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 4152 Harrison (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Agnes Glover

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe.

5. Color or race wh.

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

6. (b) Name of husband or wife Joseph Glover

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. (Month) 19 (Day) 1877 (Year)

8. AGE: Years 64 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Kierce
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joseph Glover

(b) Address 4152 Harrison

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

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) 12.5.42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 29 1942 to Dec 4 1942 that I last saw her alive on Dec 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Hypertensive Heart Disease

Due to 93.15

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Georgia C. Lee (M. D. ~~or other~~) 0

Address 1630 Prof Bldg Date signed 12/4/42

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(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 Chas Weeks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.