

FILED FEB 9 1943

Registration District No. 139

Primary Registration District No. 4774

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Forest City  
(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)  
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Forest City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1943 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental burns by fire

Due to Clothing ignited while building fire

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan. 29, 1943

(c) Where did injury occur? His home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? \_\_\_\_\_ (e) Means of injury 3

23. Signature P. Perry M. D. or other 43  
Address Mound City, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Davis Glass

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Charlotte Glass 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 12 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name Silas Montgomery Glass

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

14. Maiden name Amanda Brookes

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

16. (a) Informant Mrs E. G. Moss

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Jan. 31, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove, Oregon

18. (a) Signature of funeral director James H. Pettijohn

(b) Address Oregon, Mo.

19. (a) 7-1-43 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

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

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44  
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43

1185

▷ MAR 30 1948

MAR 31 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.....

*James H. Pittijohn*

Licensed Embalmer No. *3192*

P. O. Address..... *Oregon 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.**