

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13679

State File No. \_\_\_\_\_  
Registrar's No. 1630

Registration District No. 149 Primary Registration District No. 1002

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 General #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether)  
In this community 17 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town Kansas City MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2504 Park (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BELLE-GLOUER

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race Cal. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife James Glover 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Oct 23 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. 20

9. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business None

12. Name Plesant Ferrell

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

14. Maiden name Unknown

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

16. (a) Informant Levendygn Jackson

(b) Address 2504 Park N.W.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Mo

18. (a) Signature of funeral director W. O. Egan

(b) Address Wellington Mo

19. (a) 4-13-44 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour 2:35 minute 0 M.

21. I hereby certify that I attended the deceased from April 12 1944 to April 13 1944 that I last saw her alive on April 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis Duration \_\_\_\_\_

Due to Primary Carcinoma of Bladder

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

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

Major findings: Of operations 526

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? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_

Address Ch. Hwy #2 - 600 E. 22 Date signed 4-13-44

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

MOTHER FATHER

1948  
75  
1886

**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.....

*W. R. Evers*

Licensed Embalmer No. ....

4305

P. O. Address.....

*Wellington MD*

**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.**