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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19310

Registration District No. 348 Primary Registration District No. 6175 Registrar's No. 45

**1. PLACE OF DEATH:**
(a) County: Sullivan
(b) City or town: Harris, R.F.D. Liberty Twp. (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: Lifetime

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Sullivan
(c) City or town: Harris, (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: Alfred Ray Glidewell
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thelma Wages Glidewell
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: May 12, 1893 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 0 | 12 | hr. min. |

9. Birthplace: R.F.D Harris (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer & Stock raiser
11. Industry or business: General Farming
FATHER
12. Name: Granville Jones Glidewell
13. Birthplace: Sullivan Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rose Reger
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. A. R. Glidewell
(b) Address: Harris, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Thomas Union CEm, Harris
18. (a) Signature of funeral director: Schoene Funeral Service
(b) Address: Milan, Mo. Frank D. Schoene
19. (a) May 28 1944 (Date received local registrar) (b) Mrs. John Todd (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May, day: 24, year: 1944, hour: 10:30 minute: A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Gunshot wound self inflicted into right temple with .22 Caliber rifle
Due to:
Due to:
Other conditions (Includes pregnancy within 3 months of death): 164C
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): Suicide
(b) Date of occurrence: May 24, 1944
(c) Where did injury occur? Harris (City or town) Sullivan (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home in bed (Specify type of place)
While at work? No (e) Means of injury: Gunshot wound
23. Signature: Edgar L. Todd (M. D. or other) D.O.
Address: Gallatin, Mo. Date signed: 5/24/44
Coroner of Sullivan Co.

1903 (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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Missouri

**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.**