

No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35082

FILED NOV 24 1944  
Registration District No. 2499B

Primary Registration District No. 6003

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence R R # 4  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. R R # 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J.L. Glascock

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

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

6. (b) Name of husband or wife Martha Trabue 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31, 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business XX

12. Name Marshall Glascock

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Watson

15. Birthplace Ralls County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Corrie Glascock

(b) Address R R # 4 Hannibal Mo.

17. (a) Burial (b) Date thereof 10-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director Wm M Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 10-6-44 (b) R Barkley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4  
year 1944 hour about 1 minute 30 P. 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.

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

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

Duration

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 Oct 4, 1944

(c) Where did injury occur? New London Ralls Mo  
(City or town) (County) (State)

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

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury revolver

23. Signature Wm Crockett Colquhoun (M. D. or other)

Address New London Mo Date signed 10-6-44

DEC 4 1944

RECEIVED  
District Health Officer No. 10  
District File Number 11-49-1912  
Date Filed NOV 13 1944

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 George T Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal 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.