

FILED JUL 23 1945
Registration District No. 149

Primary Registration District No. 1002

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

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:
50 East Fifty Fourth Street
(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) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 50 East Fifty Fourth Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH BENNING GLOVER

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 Widowed

6. (b) Name of husband or wife Mattie A. Glover

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

7. Birth date of deceased January 18th. 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	5	22	hr. min.
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9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor of book store

11. Industry or business Glover's Book Store

MOTHER FATHER

12. Name Joseph Benning Glover

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

14. Maiden name Unknown

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

16. (a) Informant Miss Lulia M. Glover

(b) Address 50 East Fifty Fourth St.

17. (a) Burial (b) Date thereof 7 / 12 / 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. Street

19. (a) 7-10-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1945 hour about 4 minute from dead in bed

21. I hereby certify that I attended the deceased from July 4 1945 to July 10 1945.
that I last saw him alive on July 9 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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) _____

(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 W. H. Goodson (M. D. or other) _____
Address 700 Professional Bldg. Kansas City, Mo. Date signed 7/10/45

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.....

Walter H. Erwin

Licensed Embalmer No. *4352*

P. O. Address.....

Kansas City, 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.