DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40221

FILED DEC 11 1946

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 938A

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: LACLEDE
(c) City or town: ELDREDGE
(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: Glenn John
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: ANNA BYTHE
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JUNE (Month) 22 (Day) 1892 (Year)
8. AGE: Years 54 Months 5 Days If less than one day hr. min.
9. Birthplace: ELDREDGE (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER 12. Name: Pete John
13. Birthplace: ? (City, town, or county) France (State or foreign country)
MOTHER 14. Maiden name: Russia Waterman
15. Birthplace: ? (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Raymond John
(b) Address: Eldridge, Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 11-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation: HUFFT CEM.
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon, Mo
19. (a) 11-25-46 (Date received local registrar) (b) W. Hendley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1946 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from Nov 13 1946, to Nov 22 1946
that I last saw him alive on Nov 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ulcer of Stomach with Perforation	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Perforation through anterior of stomach
Of autopsy: none

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: 0
23. Signature: Leslie R. Webb (M. D. or other)
Address: Springfield, Mo. Date signed: 11-27-46

117A

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(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1947

DEC 20 1949

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.....D A Palmer.....

Licensed Embalmer No.....161.....

P. O. Address.....Lebanon 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.