

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13950**

Registration District No. **169**

Primary Registration District No. **4259**

Registrar's No. **115**

1. PLACE OF DEATH:

(a) County **Knox**  
(b) City or town **Newark**  
(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  
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox 02**  
(c) City or town **Newark 0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Elizabeth Glover**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Joseph H. Glover** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept 22, 1869** (Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Knox Co, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Isaiah Bear**  
13. Birthplace **unknown 9** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Beyer**  
15. Birthplace **unknown 9** (City, town, or county) (State or foreign country)

16. (a) Informant **J. S. Glover**  
(b) Address **Newark Mo**

17. (a) **Burial** (b) Date thereof **4-3-47** (Month) (Day) (Year)  
(c) Place: burial or cremation **Newark Cemetery**

18. (a) Signature of funeral director **Thomas Ball**  
(b) Address **Ewing, Missouri**

19. (a) **April 2-47** (Date received local registrar) (b) **Will S. Dunbar** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31** year **1947** hour **10** minute **10** M.  
21. I hereby certify that I attended the deceased from **March 11** 1947, to **March 31** 1947; that I last saw her alive on **March 31** 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism**

Due to \_\_\_\_\_  
Due to **Q3 B**

Other conditions (Include pregnancy within 3 months of death)  
**Kenneth Glover D.O.**

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

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? \_\_\_\_\_ (c) Means of injury **2**

23. Signature **Kenneth Glover M.D. or other D.O.**  
Address **Newark Mo** Date signed **4/2/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1937-3-31  
1869-4-9  
77

RECEIVED  
District Health Officer No. 10  
District No. 447-695  
Date Filed APR 15 1947

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 Thomas Ball  
Licensed Embalmer No. 1744  
P. O. Address Ewing, 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.