. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34810

FILED NOV 7 1947

Registration District No. 757 Primary Registration District No. 3028 Registrar's No. 226

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 Mound St.,
(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: 1½ Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 523 Mound St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Clarence Clayton GLASS
3. (b) If veteran, name war: None
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: Ora Ethel Barngrover Glass
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: September (Month) 11 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	18	....hr. ....min.

9. Birthplace: Cowley Co. (City, town, or county) Kans. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....
FATHER
12. Name: Charles H. Glass
13. Birthplace: Unknown (City, town, or county) Mich. (State or foreign country)
MOTHER
14. Maiden name: Mary A. Collison
15. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Ora E. B. Glass
(b) Address: 523 Mound St., Carthage, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Burlington, Iowa.
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 10-30-1947 (Date received local registrar) (b) R. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29th. year 1947 hour 7:45 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw him alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Septicemia from decubitus ulcer	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Tumor - Nuero-fibroma of Spinal cord - with paralysis below 8th Cervical	

Major findings of operation: .....
Of autopsy: none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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: George H. Wood (M. D. or other)
Address: Carthage Mo. Date signed: Oct 30 '47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-10-818

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.