S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1947

Registration District No. 7

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 41154

Registrar's No. 194.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Excelsior Springs Hosp.
(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 4 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 511 E. Lexington 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie B. Glasscock

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dr. E. H. Glasscock

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

7. Birth date of deceased March 4, 1866
(Month) (Day) (Year)

8. AGE: Years 81 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

FATHER
12. Name JohnC. Brown 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie George
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. H. Glasscock
(b) Address Richmond, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope Cem. City

18. (a) Signature of funeral director Quest-Lile Und.
(b) Address Richmond, Missouri

19. (a) 12/7/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1947 hour 9:07 A.M. minute M.

21. I hereby certify that I attended the deceased from Oct. 1, 1947, 19, to Dec. 7, 1947, 19; that I last saw her alive on Dec. 7, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 930

Of autopsy

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 C. E. Gay (M. D. or other) M. D.

Address Gay Bldg., Richmond, Missouri Date signed 12/7/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-27-47

JAN 2 1948

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 Phile

Licensed Embalmer No. 4077

P. O. Address Richmond 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.