

FILED JAN 12 1948

Registration District No. **351**

Primary Registration District No. **3048**

Registrar's No. **295**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution **17 days** (Specify whether
In this community **17 days** years, months or days)

3. (a) PRINT FULL NAME **LUELLA GLINES**

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 **Henry B. Glines** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 10, 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Harrison Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Bird Simpson**

13. Birthplace **unknown Harrison Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Mabbitt**

15. Birthplace **unknown Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry B. Glines**

(b) Address **Parnell, Mo.**

17. (a) **burial** (b) Date thereof **12-31-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins, Mo.**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville, Mo.**

19. (a) **12/31/47** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway 74**
(c) City or town **Parnell rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 miles west** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
year **47** hour **6** minute **8** M.

21. I hereby certify that I attended the deceased from **Dec 18** 19**47** to **Dec 29** 19**47**
that I last saw her alive on **Dec 29** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

acute pulmonary edema 1 day

Due to **senility, chronic myocarditis**

Due to _____

Other conditions **acute cholecystitis & lithiasis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **7-26**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. C. Brannon** (M. D. or other) **MD**

Address **318 Main Maryville** Date signed **2/21/48**

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

MOTHER, FATHER

74
2

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Clayton M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Marionville 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.