No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11677

Registration District No. 46 | Primary Registration District No. 4063 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Caldwell
(b) City or town: Hamilton
(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 years, months or days)
In this community: 79 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Caldwell 13
(c) City or town: Hamilton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: EVA GLASENER

3. (b) If veteran, name war: XX
3. (c) Social Security No. XX

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: July (Month) 26 (Day) 1868 (Year)

8. AGE: Years 79 | Months 7 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: Hamilton (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Retired Milliner

11. Industry or business:

FATHER
12. Name: Wm Glasener
13. Birthplace: Do not Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Mary Kendall
15. Birthplace: Do not Know (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs Eva Vaughn
(b) Address: Hamilton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 (Month) 8 (Day) 1948 (Year)
(c) Place: burial or cremation: Highland Cem. Hamilton

18. (a) Signature of funeral director: Bram Funeral Home
(b) Address: Hamilton Missouri

19. (a) Mar 29/48 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Feb 14, 1948, to March 6, 1948, that I last saw her alive on March 5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ventricular fibrillation	
Due to: Congestive heart failure	3 weeks
Due to: Arteriosclerotic heart disease	3
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 93

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: Frank A Dailey (M. D. or other) MD
Address: Hamilton, Mo. Date signed: 3-22-48

(Licensed Embalmer's Statement on Reverse Side)

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton 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.