

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39063**
5276

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY** c. CITY OR TOWN **Independence**
(If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **Kelly Conv. Home. 4223 Indep.** e. STREET ADDRESS (If rural, give location) **733 N. Main St. 17005**

3. NAME OF DECEASED (Type or Print) a. (First) **ANNA** b. (Middle) **Glenn** c. (Last) **GLENNON**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 6 53**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never married** **8. DATE OF BIRTH** **11 April 1867** **9. AGE** (In years last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** **10b. KIND OF BUSINESS OR INDUSTRY** **Bookkeeper** **11. BIRTHPLACE** (City and State or Foreign Country) **Independence, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

13a. FATHER'S NAME **MARTIN GLENNON** **13b. MOTHER'S MAIDEN NAME** **UNK.** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **MAURICE GLENNON** **ADDRESS** **Indep. Mo.**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral hemorrhage**
 ANTECEDENT CAUSES **Senile psychosis**
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2-3 hrs**
2-3 yrs
33 1/2

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **1951**, to **11-4**, 19**53**, that I last saw the deceased alive on **11-4**, 19**53** and that death occurred at **3:24** m., from the causes and on the date stated above.

23a. SIGNATURE **L. E. Riller, MD** (Degree or title) **23b. ADDRESS** **520 Prof. Bldg., K.C., Mo.** **23c. DATE SIGNED** **11-7-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **9 Nov-53** **24c. NAME OF CEMETERY OR CREMATORY** **St. Marys Cem.** **24d. LOCATION** (City, town, or county) (State) **Independence Mo.**

DATE REC'D BY LOCAL REG. **11-7-53** **REGISTRAR'S SIGNATURE** **Geraldine Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **Att + Mitchell** **ADDRESS** **Indep. Mo**

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jason T. White*.....

Licensed Embalmer No.....4925

P. O. Address *Alndep. MA*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.