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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 26 1942

Registration District No.

Primary Registration District No. 6239

Registrar's No. 32

500

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community since 1917 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna McGlothlin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Marion McGlothlin

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 10 23 hr. min.

9. Birthplace Wayne, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Geo. Washington Carter Erwin

13. Birthplace D.K. (City, town, or county) (State or foreign country)

14. Maiden name Harratt Ash

15. Birthplace D. K. (City, town, or county) (State or foreign country)

16. (a) Informant Ova McGlothlin

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof Mar 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exeter

18. (a) Signature of funeral director Horins & Tulver

(b) Address Cassville, Missouri

19. (a) June 2 1942 (b) Grace Williams
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 8.30 minute P. M.

21. I hereby certify that I attended the deceased from March 6th 1942 to March 9th 1942
that I last saw her alive on Mar 9th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

(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 Beccorjerman (M. D. or other)

Address Cassville Date signed 3-13-42

1017 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 642-890

Date Filed JUN 24 1942

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 *E. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

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.