

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10990

Do not use this space.

1. PLACE OF DEATH
(a) County Guyerson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 96
(c) City Independence, Mo. (d) Street No. 3017 South Crysler St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles R. Glenn, 4.50
(a) Residence, No. 3017 So. Crysler St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Glenn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1st, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 3 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

FATHER
13. NAME No Record.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

17. INFORMANT W. C. Glenn, 3017 So. Crysler (ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Feb. 29th, 38

19. FUNERAL DIRECTOR Mrs. C.L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 3-29-38 J. H. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1937 to March 27, 1938
I last saw him alive on March 24, 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:
Arenia
Other contributory causes of importance: Chronic interstitial nephritis
Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury....., 19.....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify J. J. Forster D.O. (Signed)..... M. D.
(Address) 315 Lee Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. John A. Parker,
10th, and Main Streets.

2/27/86

Re: Kelly,

Dist of Town
in Emerson

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)