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REC'D JUN 10 1938

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

18510
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township Marion — Primary Registration District No. 3020 — Registered No.
(c) City Carthage — (d) Street No. McCune Brooks Hosp 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 48 yrs. 7 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond Liegh Glass 420
(a) Residence, No. 323 E. 4th St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~Married~~ Widowed
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Ida
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1889
7. AGE — YEARS 48 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cleaner
9. Industry or business in which work was done, as saw mill, bank, etc. Dry Cleaning
10. Date deceased last worked at this occupation (month and year) April 9, 1938
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

FATHER
13. NAME Sterling Price Glass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

MOTHER
15. MAIDEN NAME Mary E. Embree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) John Glass Carthage, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Park Cemetery DATE May 3, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kusee Mortuary Carthage, Mo.
20. FILED May 3, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to May 1, 1938
I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Bright's disease — Date of onset 4/10/38

Other contributory causes of importance: Influenza

Name of operation ..... 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? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify, ...
(Signed) W. E. Baker, M. D.
(Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 P. W. Kneale

Licensed Embalmer No. 814

P. O. Address.....

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, above space should be left blank.