

AUG 8 1938

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

24428

Do not use this space.

2933

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Waver Primary Registration District No. 1002 Registered No. 2933
(c) City Farmers City (d) Street No. 600 W. 61st Terrace 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

Stephen Edgar Glenn
(a) Residence, No. 600 West 61st Terr. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1859

7. AGE YEARS 78 MONTHS 6 DAYS 24 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Washington, Missouri

13. NAME Thomas Marine

14. BIRTHPLACE (CITY OR TOWN) Washington Co
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Caroline B. Preston

16. BIRTHPLACE (CITY OR TOWN) Warrenton, Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Arthur J. Brunk
600 W 61st Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Edmewood DATE July 27 '38

19. FUNERAL DIRECTOR (NAME) D. W. H. O'Connell
(ADDRESS) Brushcreek & Paseo.

20. FILED July 21, 1938 M. M. Brome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

22. I HEREBY CERTIFY that I attended deceased from July 1 1938 to July 19 1938

I last saw him alive on July 19 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration
with falling Compensation
121
Date of onset

Other contributory causes of importance:
Prostatic Arteriosclerosis
Chronic Interstitial Nephritis
years
2 yrs

Name of operation none Date of 0

What test confirmed diagnosis? ✓ Was there an autopsy? no

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) David B. Robinson M. D.
(Address) 928 Prof. Bldg. S.C.M.O.

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.

Handwritten notes on the right margin: "Handwritten signature" and "1 - 4/30".

B

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..... *Neil Carr*

Licensed Embalmer No. *3976*

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.