

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.

JAN 16 1938

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

43348

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ³ Registration District No. 400
(b) Township Prairie Primary Registration District No. 5553B
(c) City Kansas City (d) Street No. Jackson County Home 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

John Glaze
(a) Residence, No. Jackson County Home 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>No record</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 1, 1853</u>		
7. AGE <u>85</u>	YEARS <u>11</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
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) <u>Illinois</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT <u>Porter B. Goddard</u> (ADDRESS) <u>Dierks Building, Kansas City, Mo</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Mt. Washington Cem.</u> PLACE <u>Kansas City, Mo.</u> DATE <u>Dec. 29</u> , 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri.</u>		
20. FILED <u>Dec 28 1938</u> <u>William J. Fields</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 12-30, 1938
I last saw him alive on 12-26, 1938 Death is said to have occurred on the date stated above, at A. m.
The principal cause of death and related causes of importance were as follows:
Senile debility Date of onset

Other contributory causes of importance: 1670

Name of operation Clinical Date of No
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 1938
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) J. B. Greer, M. D.
(Address) Independence

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.....

Licensed Embalmer No.....

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.