REC'D APR 7 1939

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

10726
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN — Registration District No. 295
(b) Township — Primary Registration District No. 4179 — Registered No.
(c) City SULLIVAN — (d) Street No. ... 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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME AUGUST GLASER
(a) Residence, No. Sullivan, Missouri 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary T. Glaser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 25, 1855

7. AGE: Years 83 — Months 6 — Days 2 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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. 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) Herman (STATE OR COUNTRY) Missouri.

FATHER
13. NAME Tobias Glaser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Anna
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Olinda T. Glaser (ADDRESS) Sullivan, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo DATE Mar. 30, 1939

19. FUNERAL DIRECTOR Thos. P. Shaffer (ADDRESS) Sullivan, Mo.

20. FILED Mar 27 1939 Edgar W. Collins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to March 27, 1939
I last saw him alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? Physical 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) R. J. Payne, M. D.
(Address) Sullivan, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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 st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M—20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Tappoon, Licensed Embalmer No. 3394

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

L. E.

No. 3394 or by Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Tappoon

Licensed Embalmer No. 3394

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.)