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.

REC'D SEP 19 1939

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

29376
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township or City Marion — Primary Registration District No. 3020 — Registered No. 158
(c) City Carthage — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruby Elizabeth Glenn
(a) Residence, No. 118 Boia d'Arc 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22 1912

7. AGE: Years 27 — Months 5 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Morgan Heights (STATE OR COUNTRY) Jasper County, Mo.

FATHER
13. NAME Albert Page
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

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

17. INFORMANT Jesse Glenn (ADDRESS) 118 Boia d'Arc, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE August 14, 1939

19. FUNERAL DIRECTOR (NAME) Khell Mortuary (ADDRESS) Carthage, Mo.

20. FILED Aug. 14, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1939, to Aug 11, 1939
I last saw her alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 2:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 11
131	

Other contributory causes of importance: Cardio-Renal-Vascular Disease

Name of operation none Date of
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? 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? No
If so, specify
(Signed) Russell D. Harris, M. D.
(Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 939-1886
Date Filed SEP 12 1939

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 Emma L Stowell

Licensed Embalmer No. 391

P. O. Address Bartlage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.