

1939 OCT 10 1939

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

33229  
Do not use this space.

1. PLACE OF BIRTH (1938) 2  
 (a) County Phillips Registration District No. 678  
 (b) Township St James Primary Registration District No. 4404  
 (c) City St James (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 451 Martin Glenn  
 (a) Residence, No. Road St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 0 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) (STATE OR COUNTRY) Marion Mo

FATHER  
 13. NAME Hugh Glenn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
 15. MAIDEN NAME Mary Jane Chesler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Spencer  
Road

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Road DATE Sept 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Shaw  
Rolla Mo  
Elvie B. Houk  
 Local Registrar.

20. FILED 9-25- 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1939

22. I HEREBY CERTIFY, That I attended deceased from on Sept 22, 1939 to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on Sept 22, 1939. Death is said to have occurred on the date stated above, at 9 PM.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage

Other contributory causes of importance:  
None

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) C. J. Lubinski M. D.  
St James Mo (Address)

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

**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.

District Embalmer Officer No. 5,

District File Number 1039294

Date Filed 10/10/39

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.**