

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

39913
Do not use this space.

1. PLACE OF DEATH **Jasper**
 (a) County **Jasper** Registration District No. **411**
 (b) Township **Galena** Primary Registration District No. **2002** Registered No. _____
 (c) City **Joplin** (d) Street No. **Freeman Hospital** 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 **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Henry Glassner**
 (a) Residence, No. **1727 Jackson** 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 **Male** 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 **Zula**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	67	10	18	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Lineman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Foreman Cities Service**
 10. Date deceased last worked at this occupation (month and year) **1933** 11. Total time (years) spent in this occupation **14**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Terre Haute, Ind.**

FATHER
 13. NAME **Henry Glassner**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

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

17. INFORMANT (ADDRESS) **Mrs. Zula Glassner 1727 Jackson**

18. BURIAL, CREMATION OR REMOVAL PLACE **Ozark Memorial** DATE **11-22-39**

19. FUNERAL DIRECTOR (ADDRESS) **Thornhill-Dillon Joplin, Mo.**

20. FILED **11-20-39** **Jones** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 20, 1939**

22. I HEREBY CERTIFY, that I attended deceased from **Nov 19** 19**39**, to **Nov 20** 19**39**
 I last saw him alive on **Nov 19** 19**39** Death is said to have occurred on the date stated above, at **5:40 A.M.**
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
Hypertension
Chronic Nephritis
 Other contributory causes of importance: **181 May 1939**

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) **Joy C. Jones**, M. D.
 (Address) **708 1/2 3rd St. Joplin, Mo.**

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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2500

Date Filed DEC 7 1939

STATEMENT BY LICENSED EMBALMER

I, Don Titrick, Licensed Embalmer No.

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

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Don Titrick

Licensed Embalmer No. 4008

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.)