

DEC 12 1939

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

40228
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion 2 Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029
 (c) City Hannibal 1 (d) Street No. H 12 London 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 Glenn Joe Hauglass
 (a) Residence, No. H 12 London 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle Hauglass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 6 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Blacksville MO

FATHER
 13. NAME Hibee Hauglass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blacksville MO

MOTHER
 15. MAIDEN NAME Hattie Hauglass
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blacksville MO

17. INFORMANT (ADDRESS) Estelle Hauglass
92 S Arch St

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson DATE 11-18 1939

19. FUNERAL DIRECTOR (ADDRESS) 1540 E Roberts
Hannibal

20. FILE NO. Nov 17, 1939 102 Fisher

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939 to Nov 16 1939
 I last saw him alive on Nov 15 1939 Death is said to have occurred on the date stated above, at 5:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Myo-carditis
Septicemia ✓

Other contributory causes of importance:

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) A. W. Fox M. D.
 (Address) Hannibal 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

Estelle

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closed
4/40 PM

STATEMENT BY LICENSED EMBALMER

I, _____, 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 _____

Licensed Embalmer No. _____

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.)