

EDJIAN # 124

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

44273
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3932 Registered No. 250
(c) City Sedalia (d) Street No. Bohmdel Gask 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 George Henry Glover
(a) Residence, No. _____ 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 Katherine Glover
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 16

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) Dunnison Texas

13. NAME James Glover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Jane Bushwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Chas Stevens Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Bee Chapel DATE 12-22-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia

20. FILED 12-22-1939 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1939 to Dec 20, 1939
I last saw h. live on Dec. 19, 1939 Death is said to have occurred on the date stated above, at 6 P.M. m.
The principal cause of death and related causes of importance were as follows:

Chronic Endo. Cardia
Obdura of Lung
Suppurative Empyema
Other contributory causes of importance:
as seen from

Name of operation Section by Date of Nov 14, 1939
What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Nov. 14, 1939
Where did injury occur? as / railway & Bonding Sedalia Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury shut by car
Nature of injury shut by automobile

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Chas Stevens, M. D.
(Address) Sedalia 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.

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

Ralph E Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 350

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Bothwell Hosp.
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME George Henry Glover

3. (b) If veteran, name war Spanish American 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Katherine Glover 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased January 3, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 16 hr. min.

9. Birthplace Bennison, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name James Glover

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Jane Brushwood

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clay Stevens

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 12/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGee Chapel

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 12/22/39 (b) Mrs. H. Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 20
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 15, 1939 to Dec 20, 1939

that I last saw him alive on Nov 20, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Rheumatic heart

Due to _____

Other conditions Compound fracture right leg
(Include pregnancy within 3 months of death)

Major findings: Of operations Compound compound fracture right leg.

Of autopsy None made

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 15 1939

(c) Where did injury occur? Property of Kennedy Sedalia Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? No (Specify type of place) (c) Means of injury Automobile

23. Signature Ch... (M. D. or other)

Address Sedalia Date signed 12/22/39

Duration of illness
1 year
None

Nov 15 1939

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-44273

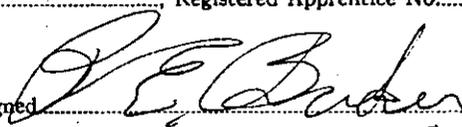
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed



Licensed Embalmer No.....

2419

P. O. Address.....

Sedalia

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.)

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