

Registration District No. 30

Primary Registration District No. 3003

State File No. \_\_\_\_\_

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Barry 1  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
West Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry  
(c) City or town Monett  
(If outside city or town limits write "RURAL")  
(d) Street No. 202 5th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME

Jennie Glass 420

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Chas Glass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: MAY 25 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Wife 9

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. George Harmon

(b) Address Monett Mo

17. (a) Burial (b) Date thereof 6/27/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cem

18. (a) Signature of funeral director D. P. Minner

(b) Address Pruse City Mo

19. (a) 6-26-1940 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1940 hour 11:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-11-39  
6-25-1940, 19 \_\_\_\_\_;

that I last saw him alive on 6/25/40, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Central apoplexy 3 days

Due to hypertension 7 years

Due to arteriosclerosis 40 yrs

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: JFK

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 31

(Specify type of place) \_\_\_\_\_ While at work? (e) Means of injury \_\_\_\_\_

23. Signature F. J. Moeringhoff (M. D. or other) \_\_\_\_\_

Address 1 Monett Mo Date signed 6/26/40

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

RECEIVED

District Health Officer No. 6,

District File Number 740-2337

Date Filed JUL 10 1940

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Pector O. Hernandez

Licensed Embalmer No. 3822

P. O. Address Peace Cut

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.