

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
JACKSON  
(a) County  
(b) City or town **Kansas City, Mo.**  
(c) Name of hospital or institution:  
**St. Joseph, Hospital, K.C.Mo.**  
(d) Length of stay: In hospital or institution **35 Years**  
In this community **35 Years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Missouri.**  
(d) Street No. **3912 Campbell Str., K.C.Mo.**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Thomas T. Glasscock, 422**  
(b) If veteran, name war **None** (c) Social Security No. **None**

20. DATE OF DEATH: Month **July** day **20** year **1940** hour **9:30** minute **9:30** P.M. M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
7. Birth date of deceased **Jan. 17th, 1886** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 15** 19 **40** to **July 20** 19 **40**  
that I last saw him alive on **7/20/40** and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **6** Days **3** If less than one day hr. **0** min.

Immediate cause of death  
**Confluent Bronchial pneumonia**  
Due to **spongio-plastrum left cerebri malignant**

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
10. Usual occupation **Mail Clerk**

Other conditions **53**  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business  
12. Name **Alvin D. Glasscock,**  
13. Birthplace **Virginia,** (City, town, or county) (State or foreign country)  
14. Maiden name **Lillie Lalbot,** (City, town, or county) (State or foreign country)  
15. Birthplace **Missouri.** (City, town, or county) (State or foreign country)

Major findings: Of operations **None**  
Of autopsy **Same**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **3912 Campbell, K.C.Mo. address**  
(b) Address **Mrs. Nellie Glasscock.**  
17. (a) **Burial** (b) Date thereof **July-23-40**  
(c) Place: burial or cremation **Memorial Park, Cemetery.**

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?

18. (a) Signature of funeral director **Mrs. C. L. Forster.**  
(b) Address **918 Brooklyn Avenue, K.C.Mo.**  
19. (a) **July 22, 1940** (Date received local registrar) (b) **M. M. Crave** (Registrar's signature)

23. Signature **Hugh A. ...** (M. D. or other)  
Address **303 Westman ...** Date signed **7/22/40**

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

**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 E. H. Wee

Licensed Embalmer No. 2570

P. O. Address K. C. Mo.

**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, fact should be so stated above.**