

S. No. 2  
4-13-40  
5-17-35  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28018**  
Registrar's No. **922**

SEP 16 1940

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution: **Missouri Methodist Hospital**  
(d) Length of stay: In hospital or institution **few days**  
In this community **2 1/2 yrs.**

3. (a) PRINT FULL NAME **Elta Ruth Glassel 424**  
(b) If veteran, name war **none**  
(c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Walter** (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **Feb. 16 1899**

8. AGE: Years **41** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **McLEAN Ill.**

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER  
12. Name **S. W. Noble**  
13. Birthplace **St. CLAIR City Mo. 0**  
14. Maiden name **Jennie Dixon**  
15. Birthplace **LOGAN City Ill. known 1**

16. (a) Informant **Mr. S. W. Noble**  
(b) Address **Ottawa, Kansas**

17. (a) **REMOVED** (b) Date thereof **Aug. 23, 1940**  
(c) Place: burial or cremation **Valley Falls Kansas 85**

18. (a) Signature of funeral director **ELEANOR & SON INC.**  
(b) Address **St. Joseph Mo.**

19. (a) **Aug. 22, 1940** (b) **J. Nestlebusch**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **1716 S. 20th.**  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug.** day **20th.** year **1940** hour **12** minute **05** A. M.

21. I hereby certify that I attended the deceased from **March 16, 1940** to **Aug 20, 1940**  
that I last saw her alive on **August 20, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pregnancy Para VII**  
**Polyhydramnios**  
Due to **Dystocia - Sphyxia with contraction ring**  
Due to **Parturition eclampsia 8-19-40**  
Other conditions: **(Include pregnancy within 3 months of death)**

Major findings: **Cerebral Section**  
Of operations **W. H. W.**  
Of autopsy **W. H. W.**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **85**  
(e) Means of injury \_\_\_\_\_  
23. Signature **S. S. Senior M.D.** (M. D. or other) **1**  
Address **St. Joseph Mo.** Date signed **8-20-40**

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**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 Geo E. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph

**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.**