

OCT 18 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32550

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1602 Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1602 Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Anna R. Glascock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 9, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rolls County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress 0

11. Industry or business 0

12. Name John W. Glascock  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Nancy  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Glascock

(b) Address 1602 Broadway Hannibal Mo

17. (a) Burial (b) Date thereof Sept 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Newbern Mo

18. (a) Signature of funeral director Jones

(b) Address Hannibal Mo

19. (a) 9-23-40 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1940 hour \_\_\_\_\_ minute 15 M.

21. I hereby certify that I attended the deceased from August 18  
1940 to Sept. 19 19 40  
that I last saw her alive on Sept. 19 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 1/2  
0  
Due to \_\_\_\_\_

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
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? Yes

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

23. Signature B. L. Murphy (M. D. or Public Health Officer)

Address Hannibal, Mo. Date signed 9/23/40

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

MOTHER, FATHER

**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

*Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address

*Harmon Rd*

**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.**