

No. 2  
13-40  
17-39  
X23159

NOV 25 1940

STANDARD CERTIFICATE OF DEATH

State File No. 35192

Registration District No. 260

Primary Registration District No. 3862

Registrar's No.

1. PLACE OF DEATH:  
 (a) County DeKalb County, Mo.  
 (b) City or town ~~DeKalb~~ Rural, Colfax  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Rural, Colfax  
 (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

3. (a) PRINT FULL NAME Donald Howard Glenn

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

4. Sex Male, 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 Dec. 30, 1924  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	15	9	23	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Leslie O. Glenn.

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

14. Maiden name Ethel M. Kelly, (City, town, or county) (State or foreign country)

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

16. (a) Informant Leslie O. Glenn. (b) Address Osborn, Missouri.

17. (a) Osborn, Mo. (b) Date thereof Oct. 25, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director F. G. Lyon (b) Address Stearnsville, Mo.

19. (a) 10-24-40 (Date received local registrar) (b) Mildred Mc Mahon (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri, (b) County DeKalb  
 (c) City or town ~~DeKalb~~ Rural  
 (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 23 day Oct year 1940 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from July 1940 to Oct 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 \_\_\_\_\_

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?

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

23. Signature M. L. Lister (M. D. or other) Address Cameron Mo Date signed Oct 23, 1940

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.....

*J. G. Brown*

.....  
Licensed Embalmer No. ~~950~~ 952

P. O. Address..... **Stewartsville**

**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.**