No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40418

Registration District No. FILED JAN 15 1941 191

Primary Registration District No. 1003

Registrar's No. 10189

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frisco Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community Frisco Hosp.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County

(c) City or town Oklahoma City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 26 S.E. 26th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME GUY L. GLASCO

3. (b) If veteran, name war

3. (c) Social Security No. 702-07-4146

4. Sex MALE

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mary Glasco

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan. (Month) 29 (Day) 1886 (Year)

8. AGE: Years 54 Months 10 Days 12 If less than one day hr. min.

9. Birthplace TEXAS 1
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST 9

11. Industry or business RAILROAD FRISCO 9

FATHER
12. Name JAMES GLASCO 9
13. Birthplace UNK 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATTIE BROWN
15. Birthplace UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Glasco
(b) Address 26 S. E. 26, Okla. City Okla

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12 (Month) 11 (Day) 40 (Year)
(c) Place: burial or cremation Burial, Oklahoma City Okla

18. (a) Signature of funeral director Robert [illegible]
(b) Address 6637 [illegible] Md.

19. (a) DEC 11 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1940 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1940, to Dec. 11, 1940; that I last saw him alive on Dec. 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right ventricular failure	1 ½ yrs.
Due to Myocardial damage	?
Degenerative heart disease	
Due to Essential Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Wm L Allee (M. D. or other)
Address 4960 Laclede Date signed 12-11-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1994

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.