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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6067**

**FILED MAR 14 1941**

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **829**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3217 Cleveland Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Years**  
(Specify whether years, months or days)

In this community **8 Years**  
years, months or days

3. (a) PRINT FULL NAME **Mrs. Annabel Glass**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. George B. Glass**

6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **November 12 1861**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>3</b>	<b>13</b>	hr. min.

9. Birthplace **Scott County Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Edward Dowler**

13. Birthplace **Gloucestershire England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Herbert**

15. Birthplace **Gloucestershire England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Glass**

(b) Address **404 E 10th St**

17. (a) **Burial** (b) Date thereof **Feb. 27, 1941**  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation **Orient Cemetery Harrisonville, Mo.**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2/27/41** (b) **M. M. Grove**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3217 Cleveland Avenue**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25th**  
year **1941** hour **About 4** minute **A.** M.

21. I hereby certify that I attended the deceased from **1941** to **1941**,  
that I last saw **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Multiple Lung Abscesses</b>	
<b>Chronic Bronchitis</b>	
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? \_\_\_\_\_

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

23. Signature **William Glass** (M. D. or other) **3**  
Address **404 E 10th St** Date signed \_\_\_\_\_

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *H. H. Newcomer Jr.*

Licensed Embalmer No. *4043*

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.**