

S. No. 2
4-13-40
5-17-39
P. 1 X23159

Dr. Freeman
6968
State File No. _____
Registrar's No. 159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941
Registration District No. 318

Primary Registration District No. 2001

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

79
29
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1669 W. Wall
(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 FULLNAME Harriett E. Gladson
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James W. Gladson
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Oct. 5 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name David Stewart
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Maus
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.R. Livingston
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forsyth, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 2-25-41 (b) S.W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Forsyth 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 23
year 1941 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from 2/23/41 to 2/23/41 1941;
that I last saw her alive on 2/23/41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asst. pneumonia
Present attack - 4 days
Due to Heart lesion
valvular involving
Due to the mitral valve
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy no
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 no

23. Signature D.F. Freeman (M. D. or other)
Address Springfield, Mo. Date signed 2/25/41

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.....

P. O. Address.....

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.

X