

FILED MAR 17 1941 44  
Registration District No. 44

Primary Registration District No. 6107

Registrar's No. 2

14  
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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Stone Mountain, Mo.  
 (a) County Stone  
 (b) City or town rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Jefferson Glossip  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Minnie Glossip  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased Feb. 26 - 1880  
 (Month) (Day) (Year)

8. AGE: Years 61 Months \_\_\_\_\_ Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_  
 12. Name Jodie Glossip  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bell Norton  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Troy Cuthbert  
 (b) Address Osark Mo.

17. (a) Burial (b) Date thereof Mar. 4 - 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bence De Leon, Cem.

18. (a) Signature of funeral director J.W. Maples  
 (b) Address Clever Mo.

19. (a) 3-6-41 (b) Ola Rogers  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Stone 104  
 (c) City or town rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Galena Route # 2  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar. day 3rd.  
 year 1941 hour probably about minute 4. P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Chronic Valvular Heart disease.  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 92  
 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? not  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury 3  
 23. Signature Eurett J. Cheatham (M.D. or other) Coroner  
 Address Galena Mo. Date signed Mar 4

RECEIVED

District Health Officer No. 6,

District File Number 341-435

Date Filed MAR 12 1941

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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 J.W. Maple  
Licensed Embalmer No. 2985  
P. O. Address Cherry 740

**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.**