

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10046**

Registration District No. **71**

Primary Registration District No. **5110A**

Registrar's No. **12**

1000

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

1. PLACE OF DEATH

(a) County **Boone**
(b) City or town **Rural Cedar Mt.**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Margaret E. Glascock**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James Glascock** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **Dec 8 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **9** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Pappas**

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

14. Maiden name **Matilda Sapp**

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

16. (a) Informant **Ross Glascock**

(b) Address **Hartsburg Mo**

17. (a) **Burial** (b) Date thereof **3/19/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashebur Cent.**

18. (a) Signature of funeral director **Holt's Burial**

(b) Address **Ashland Mo**

19. (a) **4/5/41** (b) **Frances Nichols**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1 mile West of Ashland Mo**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**
year **1941** hour **9** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Mar 10**
1941 to **Mar 17** 1941

that I last saw him alive on **Mar 16** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to _____

Due to **did suddenly**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **942**

Of autopsy **none**

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? **73**

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. B. Fryor** (M. D. or other) **MD**

Address **Ashland Mo** Date signed **4-4-41**

Duration

PHYSICIAN

Underlies the cause to which death should be charged statistically.

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 me

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

Signed W^{ms} C. T. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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, above space should be left blank.