

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14672
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 340
 (b) Township Dallas Primary Registration District No. 5482 Registered No. 41
 (c) City Martinsville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

CLAUDE PERKINS GLENN
 (a) Residence, No. Harrison Co. Mo. St. Rural
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF Josephine Francis Glenn Decker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

FATHER 13. NAME James H. Glenn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

MOTHER 15. MAIDEN NAME Annie A. Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Missouri

17. INFORMANT (ADDRESS) Mrs Tom Hoak Martinsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kidwell DATE Apr 23 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W H Noble New Hampton Mo

20. FILED Apr 2 1941 J. H. Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1941, to April 11, 1941
 I last saw him alive on April 8, 1941. Death is said to have occurred on the date stated above, at 11:45 pm.
 The principal cause of death and related causes of importance were as follows:

Cardiac failure

Date of onset
4-21-41

Other contributory causes of importance:

1) Arteriosclerosis
2) Pulmonary heart disease

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James P. Lyden, M. D.

(Address) Bethany, Harrison

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 *W G Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton Me*

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.