No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18130

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: 924 Wall St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 42 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

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

(d) Street No. 924 Wall (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Glenn

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 MARION

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

7. Birth date of deceased JAN. (Month) 31 (Day) 1857 (Year)

8. AGE: Years 84 Months 3 Days 11 If less than one day — hr. — min.

9. Birthplace Vermillion Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Mine Operator

11. Industry or business None

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Robert Glenn

(b) Address Joplin Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 5-13-41 (Date received local registrar) (b) E D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 2 minute 35 p. M.

21. I hereby certify that I attended the deceased from Oct 8 1940, to May 13 1941 that I last saw him alive on May 13 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage	
Due to Carcinoma prostate	2 yrs
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations Enlarged nodular left prostate.
Of autopsy none

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) NO

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herman A LaForce (M. D. or coroner) MD

Address 607 Main Joplin Mo Date signed May 13 1941

(Licensed Embalmer's Statement on Reverse Side)

41-6-524

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.