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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18380

FILED JUN 12 1941

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering
(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 FULL NAME

Oscar William Glascock

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

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

6. (b) Name of husband or wife Eva Elizabeth 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 24, 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Engineer

11. Industry or business Retired

12. Name Roy Glascock

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

14. Maiden name Martha Bybe

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

16. (a) Informant Mrs. Oscar Glascock

(b) Address 511 Church

17. (a) Burial (b) Date thereof May 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) May 7, 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 511 Church
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 2 minute 07 A. M.

21. I hereby certify that I attended the deceased from Feb, 1941, to May 4, 1941;
that I last saw him alive on May 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration 3 mo

Due to Coronary Arteriosclerosis 18 Mo

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations no

Of autopsy no

Duration
3 mo
18 Mo
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. C. Fisher (M.D. or other) _____

Address Hannibal Mo signed _____

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

MOTHER FATHER

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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 *James A. Moles*

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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

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