

FILED JUN 16 1941  
8:51

Registration District No. 851

Primary Registration District No. 4517

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Humphreys  
(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 \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME JOHN ANDREW GLAZE

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Alice Glaze 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec 10 1852  
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sullivan Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Glaze  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Glaze  
(b) Address Humphreys Mo

17. (a) Burial (b) Date thereof May 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Glaze Cemetery

18. (a) Signature of funeral director PK Barnettson  
(b) Address Halt Mo

19. (a) May 28 1941 (b) Sullivan Scott  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan  
(c) City or town Humphreys  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1941 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from 10-1-40 to 5-27-41  
that I last saw him alive on 5-11-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease Duration 4 yrs

Due to Hypertension 6

Due to arterio sclerosis 10

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature W. C. Weston (M. D. or other) MD  
Address Halt Mo Date signed 5-28-41

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

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RECEIVED

District Health Officer No: 10

District File Number 6-41-1093

Date Filed JUN 12 1941

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.....

Licensed Embalmer No. 3400

P. O. Address Galt

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.