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FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22297**

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No. **63**

1. PLACE OF DEATH: **NEWTON**
 (a) County **NEOSHO**
 (b) City or town **NEOSHO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **315 So. LAFAYETTE**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **60 years** (Specify whether years, months or days)
 In this community **60 years**

3. (a) PRINT FULL NAME **GEORGE HORSLEY GLENISTER**
 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 **DELLA GLENISTER**
 6. (c) Age of husband or wife if alive **59** years
 7. Birth date of deceased **SEPT 6 1878**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **2**
 If less than one day hr. min.

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

10. Usual occupation **JEWELER**

11. Industry or business **(OWNER)**

MOTHER FATHER { 12. Name **George W Glenister**
 13. Birthplace **ENGLAND**
 (City, town, or county) (State or foreign country)
 14. Maiden name **HANNAH BOURTON**
 15. Birthplace **ENGLAND**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Della Glenister**
 (b) Address **NEOSHO MISSOURI**

17. (a) **BURIAL** (b) Date thereof **JUNE 10 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LODF CEMETERY**

18. (a) Signature of funeral director **J. B. ...**
 (b) Address **NEOSHO MISSOURI**

19. (a) **6-12-41** (b) **Mal R. ...**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **NEWTON**
 (c) City or town **NEOSHO**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **315 So LAFAYETTE**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **8**
 year **1941** hour **8** minute **40p** M.

21. I hereby certify that I attended the deceased from **1939** to **JUNE 8**, 19**41**;
 that I last saw him alive on **JUNE 8**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of liver**
 Due to **Carcinoma transverse colon**

Other conditions **468**
 (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?

543
 While at work? (Specify type of place) (e) Means of injury **S**

23. Signature **R. P. Lawson** (M. D. or other) **MD**
 Address **NEOSHO MO** Date signed **6/9/41**

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

RECEIVED
District Health Officer No. 6,
District File Number _____
Date Filed JUL 11 1941

MAR 15 1955

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 _____

Douglas Reed, Registered Apprentice No. 202
working under my personal supervision.

Signed

J. B. Bigham

Licensed Embalmer No. 2689

P. O. Address Neesho No

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, fact should be so stated above.