

No. 2
1-4-41
-17-39
X26390

FILED AUG 14 1941

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: 1040 Joplin St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁰⁴⁹

(c) City or town Joplin ²
(If outside city or town limits, write "RURAL") ⁵

(d) Street No. 1040 Joplin St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DELLA LEE GLASGOW

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from July 28 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 27, 1941
(Month) (Day) (Year)

Immediate cause of death General Tetral
Drainage
Uterine Cervix

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>1 hr. 0 min.</u>

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Ralph W Glasgow

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

14. Maiden name Carrie Bryson

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

16. (a) Informant Ralph W Glasgow

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof July 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thomhill - Dillon

(b) Address Joplin, Missouri

19. (a) 7-29-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (Physician or other) [Signature]

Address Joplin Mo Date signed 7-29-41

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

312 (Licensed Embalmer's Statement on Reverse Side)

41-8-679

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~~

was not embalmed

Registered Apprentice No.

~~working under my personal supervision.~~

Signed

David Dellow

Licensed Embalmer No.

3898

P. O. Address

Joplin, Mo

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.