

No. 2
12-40
17-39
X23139

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25593

State File No. _____

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Nannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 535 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in hospital
(Specify whether years, months or days) 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls ⁰⁸⁷
(c) City or town Centenary Neighborhood
(If outside city or town limits, write "RURAL")
(d) Street No. Ralls County
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1941 Hour 3:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from May
1941 to July 17, 1941
that I last saw him alive on July 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chromyocarditis
Hypertension
Due to: Atherosclerosis
Due to: _____
Other conditions: Chronic nephritis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: 1310
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN GLASSCOCK

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 Mattie Glasscock 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: (Month) December (Day) 6 (Year) 1859

8. AGE: Years 81 Months 7 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

12. Name James Glasscock

13. Birthplace (Do not know) Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Marion Glasscock

15. Birthplace (Do not know) Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Glasscock

(b) Address Nannibal, Missouri

17. (a) Removal (b) Date thereof: July 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centenary, Missouri

18. (a) Signature of funeral director Ray B. Schmitt

(b) Address Nannibal, Missouri

19. (a) July 18, 1941 (b) W. C. Fisher
(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 W. C. Fisher (M. D. or other) _____
Address W. C. Fisher, Nannibal, Mo Date signed 7/18/41

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

MOTHER FATHER

788 (Licensed Embalmer's Statement on Reverse Side)

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.....

Ray P. Schwartz

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ray P. Schwartz

Licensed Embalmer No.....

17658

P. O. Address.....

Hannibal, 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.