

FILED OCT 10 1941

Registration District No. **379.**

Primary Registration District No. **4223**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Glasgow Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45-

(c) City or town Glasgow 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN JOSEPH

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** Widowed

6. (b) Name of husband or wife Theresia Joseph **6. (c) Age of husband or wife if alive** deceased years

7. Birth date of deceased Dec 16 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Roscoe Mo. (Howard County)
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Meat store

MOTHER FATHER

12. Name George Joseph

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

14. Maiden name unknown

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

16. (a) Informant A. J. Joseph

(b) Address Glasgow Mo

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Oct 2 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo

18. (a) Signature of funeral director Walker Ausley

(b) Address Glasgow Mo.

19. (a) (Date received local registrar) 10-1-41 **(b) (Registrar's signature)** _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1941 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from 6-21 1941 to 9-20 1941
that I last saw him alive on 9-27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Myocarditis

Due to Senility

Due to 93d

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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)** _____ **(c) Means of injury** 89

23. Signature [Signature] **(M. D. or other)** _____

Address Glasgow Mo **Date signed** 10-1-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-41

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

J. Walter Anderson

Licensed Embalmer No. 3336

P. O. Address Glasgow Ill

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.