S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34527

Registration District No. 103 Primary Registration District No. 5154 Registrar's No. 21

1. PLACE OF DEATH:

(a) County CALLAWAY St Aubert Tw

(b) City or town 2-MILE-NORTH-HAMS-PRAIRIE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. AUBERT TWSP. NEAR HAMS PRAIRIE
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. 2 MILE NORTH HAMS PRAIRIE
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ROBERTLEE GLOVER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife VIRGINIA GLOVER

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

7. Birth date of deceased DEC. (Month) 19 (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name COELLO GLOVER
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ELIZA PATTON
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Goldie Glover
(b) Address Akron, Ohio

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation HAMS PRAIRIE

18. (a) Signature of funeral director Leo G. Wallace
(b) Address FULTON, MISSOURI

19. (a) Oct 8, 1941 (Date received local registrar) (b) W. H. Williamson MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 5 year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3/16, 1941, to 10/5, 1941 that I last saw him alive on 10/5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis following influenza

Due to Rheumatism

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

92C

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

23. Signature W D Payne (M. D. or other)
Address R #6 Fulton Date signed 10/6/41

101 (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~~.....

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

working under my personal supervision.

Signed Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.