

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

Rev. 5-17-39
Form 1 X19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 18 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33723
Registrar's No. 20

Registration District No. 2 Primary Registration District No. 4409

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Clarksville
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Clarksville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lydia Steele Gladney
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Tom Gladney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 25 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 19th 1941
year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Jan 1940
to Oct 19 1941, 19____, to Oct 19 1941, 1941:
that I last saw her alive on Oct 19 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Paynesville Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis
Due to Age
Other conditions (Include pregnancy within 3 months of death)
Major findings: 830
Of operations _____
Of autopsy _____

MOTHER { 10. Usual occupation Housekeeper
11. Industry or business _____
12. Name C. P. Steele
13. Birthplace Montgomery
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Seans
15. Birthplace Paynesville Mo
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Larry Steele
(b) Address Clarksville Mo
17. (a) Shenwood (b) Date thereof Oct 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shenwood
18. (a) Signature of funeral director Harry Barrett
(b) Address Clarksville Mo
19. (a) 11-4-41 (b) W. W. Messinger
(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 R. M. Bartlett (M. D. or other) _____
Address Clarksville Mo Date signed 10/21/41

RECEIVED

District Health Officer No. 10

District File Number 11-41-2034

Date Filed NOV 13 1941

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Harry Carroll

Licensed Embalmer No. 2439

P. O. Address

Clarksville 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, above space should be left blank.