

FILLED NOV 26 1941

Primary Registration District No. 6665.3025

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McLarney Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours (Specify whether  
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Laclede-- Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Miles S.W. of Laclede, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11  
year 41 hour 10 minute 00 p.m.

21. I hereby certify that I attended the deceased from  
10-11 1941 to 10-11 1941  
that I last saw him alive on 10-11 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull & crushed left chest  
Due to Fallen - for accident  
Due to \_\_\_\_\_

Duration  
4 1/2 hrs

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 0  
Of autopsy 0

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) Accident  
(b) Date of occurrence 10-11-41  
(c) Where did injury occur? Laclede Linn Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway # 26 - S. J. Thorne  
While at work? No (Specify type of place) (e) Means of injury 0

23. Signature J. W. Thorne (M. D. or other) 0  
Address Brookfield, Mo Date signed 10/13/41

3. (a) PRINT FULL NAME Simon Glidewell

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 Wife Ethel Glidewell 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. March 26 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Milan, Sullivan Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Black smith

11. Industry or business Pershing Park, CCCamp, Mo.

12. Name Nelson Glidewell

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

14. Maiden name Sarah E. Garrett

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

16. (a) Informant Thomas Thorne

(b) Address 116 Elm St. Canthage Mo

17. (a) Burial (b) Date thereof 10/18/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Milan

18. (a) Signature of funeral director W.G. Thorne

(b) Address Laclede, Mo., L.No. 2376

19. (a) Oct. 15, 1941 (b) Miss. Thorne - Rowland  
(Date received local registrar) (Registrar's signature)

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

58  
1  
2

**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  
W.G. Thorne, Registered Apprentice No. 2876  
working under my personal supervision.

Signed   
Licensed Embalmer No. 2876  
P. O. Address Laclede, Mo. Linn Co.

**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.**