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DEC 9 1941
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Registrar's No. 7

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Louisburg Mo

(c) Name of hospital or institution: South Greene Trust. 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 Polk 84

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

(d) Street No. Rt 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Leslie Gladden

3. (b) If veteran name was _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1941 hour 7.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Sept 19 1940 to Sept 19 1941
that I last saw him alive on Sept 19 1941
and that death occurred on the date and hour stated above

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 13 1928
(Month) (Day) (Year)

Immediate cause of death Bullet Passed through right lobe of brain Duration 9 hrs.

Due to 20 wife

Due to accident shot

8. AGE: Years 13 Months 0 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Polk Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation child

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

Major findings: 184

Of operations _____

Of autopsy 31

MOTHER FATHER

11. Industry or business _____

12. Name John L. Gladden

13. Birthplace Louisburg Polk Mo
(City, town, or county) (State or foreign country)

14. Maiden name Olivera Cochran

15. Birthplace Fort Worth Texas
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Gladden

(b) Address Louisburg Mo

17. (a) burial (b) Date thereof Sept 22 41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Linley Creek

18. (a) Signature of funeral director W.B. Erwin

(b) Address Bolivar Mo

19. (a) Dec 2 1941 (b) Mar James
(Date received local registrar) (Registrar's signature)

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 Sept 20 1941

(c) Where did injury occur? Polk Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place)

While at work shooting (e) Means of injury _____

Signature J.H. Bridges (M. D. or other)

Address Bolivar Mo Date signed _____

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

638

RECEIVED

District Health Officer No. 7,

District File Number 12-41-12009

Date Filed 12-9-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.