V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 19[illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13908

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 133 ~~125~~

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of son 212 S. Ellis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 417 So. Kingshiway 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Ellen Glass
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 widowed
6. (b) Name of husband or wife Alex Glass 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased August 16, 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	5	..... hr. ..... min.

9. Birthplace Lyon County, Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business self
FATHER 12. Name Willaim Cox
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Holland
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jeff Sutton
(b) Address Sikeston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Sikeston
18. (a) Signature of funeral director National Funeral Home
(b) Address Sikeston, Missouri
19. (a) 4-27-42 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1941 hour 7:00 minute p.M.
21. I hereby certify that I attended the deceased from Nov 11. 1941, to Nov. 21 1941
that I last saw her alive on Nov. 21. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

131 f

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 — 0
23. Signature A. M. Murphy (M. D. or other)
Address Cape Girardeau Mo. Date signed Nov 24

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 542-697

Date Filed 5-19-42

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 W. C. Croy

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.