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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15827

Registration District No. 075 Primary Registration District No. 6162 Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Washington Twp Sly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry 42
(c) City or town: Clinton 1
(If outside city or town limits write "RURAL")
(d) Street No.: Unknown 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Glen George 03V13 39
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: (1) Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August (Month) 10th (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	13	hr. min.

9. Birthplace (City, town, or county): Illinois 1 (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Wilson George 1
FATHER 13. Birthplace (City, town, or county): Maryland 1 (State or foreign country)
MOTHER 14. Maiden name: Millie Davis
MOTHER 15. Birthplace (City, town, or county): OHIO 1 (State or foreign country)
16. (a) Informant: State Hospital Records
(b) Address: Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hosp. Cemetery
18. (a) Signature of funeral director: Hays Funeral Service
(b) Address: Nevada, Mo.
19. (a) 4-24-42 (Date received local registrar) (b) Bentley Stevenson (Registrar's signature) VB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1942 9 hour 0 minute A. M.
21. I hereby certify that I attended the deceased from 3/27/ 1942, to 4/23/ 1942, that I last saw h. alive on 4/23/ 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Dis — Duration
Due to:
Due to:
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

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: G. S. Waraich (M. D. or other)
Address: Nevada, Mo Date signed 4/23/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-499
Date Filed 5-13-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Allen V Keays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.