

FILED JUL 15 1942
Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 30

54
2
1

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville *Sum*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Missouri (b) County Lafayette *54*
(c) City or town Higginsville *2*
(If outside city or town limits, write "RURAL") *1*
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No *0* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Susan Glass-

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John C. Glass 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Apr-13-1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Fayetteville Mo. (City, town, or county) (State or foreign country) house wife-

MOTHER FATHER { 11. Industry or business _____

12. Name James Shackelford

13. Birthplace Fayetteville Mo. (City, town, or county) (State or foreign country) Harriet Harrison

14. Maiden name _____

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

16. (a) Informant Mrs. R. Scheppe (b) Address Higginsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1942 (Month) (Day) (Year)
(c) Place: burial or cremation City C. Higginsville

18. (a) Signature of funeral director Alvin H. ... (b) Address Higginsville, Mo.

19. (a) June 11-1942 (Date received local registrar) (b) Dr. W.A. Braecklin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June- day 9th- 1942
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3/15/42 to 6/9/42
that I last saw her alive on 5/21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Cardiac vascular disease. *10yr.*

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

Duration

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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury D
23. Signature E. J. ... (M. D. _____) Address Higginsville, Mo. Date signed 6/10/42

REC'D

Distr.

Order No. 8

District

Date Filed

7-13-42

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

Carlton H. Hays

Licensed Embalmer No.

1539

P. O. Address

Figginsville 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, fact should be so stated above.