

FILED AUG 11 1942

Registration District No. 233-94

Primary Registration District No. 4157

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Dade So Morgan Turf  
(b) City or town Dadeville Mo  
(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 years, months or days) Many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade **29**  
(c) City or town Dadeville Mo **6**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country n

3. (a) PRINT FULL NAME MAGGIE DORIS GLENN

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

4. Sex Female / 5. Color or race W.  
6. (a) Single, widowed, married, divorced 2 widow  
7. (b) Name of husband or wife Wm. Carroll Glenn 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Jan 16 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 13 If less than one day hr. .... min.

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

10. Usual occupation House wife

11. Industry or business.....

12. Name Henry Cannady

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

14. Maiden name Mary Elrod

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

16. (a) Informant Orla Glenn  
(b) Address Dadeville, Mo.

17. (a) Burial (b) Date thereof 7 30 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director J. W. Ward  
(b) Address Greenfield, Mo

19. (a) 8/8/42 (b) Nora A. Pyle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1942 to July 29 1942  
that I last saw her alive on July 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Tuberculosis  
bowells

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 15

Major findings: Of operations.....  
Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature B B Kirby (M. D. or other)  
Address Dadeville, Mo Date signed 8/7/42

Duration 8 yrs

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1200

(Licensed Embalmer's Statement on Reverse Side)

8/7/42

---

---

**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..... *J. W. Ward* .....

Licensed Embalmer No..... *2832* .....

P. O. Address..... *Greenville, 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.**