

FILED SEP 24 1942

State File No. _____

Registration District No. 154

Primary Registration District No. 5578

Registrar's No. 41

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Washington (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 112 East 79th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Washington (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 112 East 79th Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto E. Glogau
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nona 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September 22 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	10	30	_____ hr. _____ min.

9. Birthplace Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation 15 yrs. ret.

11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack O'Joplin
(b) Address 112 East 79th Terrace
17. (a) Burial (b) Date thereof Aug. 23, '42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McLouth, Kansas

18. (a) Signature of funeral director [Signature]
(b) Address 7406 Wornall Road
19. (a) 9-14-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1942 hour 1.00 minute _____ A.M.
21. I hereby certify that I attended the deceased from Aug 13th
1942, to Aug 23rd 1942
that I last saw him alive on Aug 23rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (hypostatic)
Due to 1. Embolus obliterans R. foot.
2. Congestive R. foot.
Due to Senility
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 [Signature] (M. D. certificate)
Address 311 Chrysalis Bldg Date signed 9/22/42

MOTHER FATHER

48
90
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Monday
4/23/50

APR 23 1950

4031

REC-100

Handwritten notes:
The body was embalmed
by me on 4/23/50
at the residence of
the deceased.
The body was
received from the
family of the deceased
at 10:30 AM.
The body was
interred in the
casket at 11:00 AM.
The body was
interred in the
casket at 11:00 AM.

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.....

Handwritten signature: Hudson Roe
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Handwritten signature: Hudson Roe*
.....

Licensed Embalmer No. *2810*

P. O. Address *R. 2, Mo.*

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

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

STANDARD CERTIFICATE OF DEATH

State File No.

30498

Registration District No. 154

Primary Registration District No. 5571

Registrar's No.

41

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural
 (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 _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Otto E. Glogau

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

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

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

7. Birth date of deceased Sept 22
 (Month) (Day) (Year)

8. AGE: Years 86 Months 12 Days 5 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 9 pneumonia suppurative
Bronchial
Bilateral
 Due to _____
 Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature E. J. Morehead (D. or other) _____
 Address 311 Olive St. Keokuk Date signed 10/23/42

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

SUPPLEMENTARY

MOTHER FATHER

