

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: Pike  
 (a) County Louisiana  
 (b) City or town Louisiana  
 (c) Name of hospital or institution: Pike Co Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 In this community 5 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Pike  
 (c) City or town Near Sarestan  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Neratdo Samuel Glascock

20. DATE OF DEATH: Month Sept day 13  
 year 1942 hour 5 minute 30 M.

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

21. I hereby certify that I attended the deceased from Sept. 8,  
1942, to Sept. 13, 1942;  
 that I last saw him alive on Sept. 13, 1942;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased 8/22/63  
 (Month) (Day) (Year)

Immediate cause of death Chronic nephritis  
 (From my personal knowledge) 5 days  
 Duration \_\_\_\_\_

8. AGE: Years 74 Months 0 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Ralls Co Mo  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: 12/16  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business Farm  
 12. Name Unknown  
 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 Dr Lee Glascock (son)  
 (b) Address New London Mo  
 17. (a) Burial (b) Date thereof 9-16-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Burial, Elm Hill, New London

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No  
 (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? \_\_\_\_\_

18. (a) Signature of funeral director Jas Odanell  
 (b) Address New London Mo  
 19. (a) 9-14-42 (b) St. Hall  
 (Date received local registrar) (Registar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury 3  
 23. Signature Eugene Pitts II, M.D. (M. D. or other) M. D.  
 Address Louisiana, Missouri Date signed 9/19/42

1169

RECEIVED

District Health Officer No. 10

District File Number 10-42-1905

Date Filed OCT 12 1942

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.