

FILED JAN 30 1943

Primary Registration District No. **1002**

Registrar's No. **253**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.E.**
(c) Name of hospital or institution:
607 E. 16th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Unknown** (Specify whether
In this community **Unknown** years, months or days)

3. (a) PRINT FULL NAME **William Walter Glass**
8. (b) If veteran, name war **✓** 8. (c) Social Security No. **none**

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Mrs Rose Glass** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **May 15, 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **0** If less than one day hr. min.

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

10. Usual occupation **farming**

11. Industry or business
MOTHER FATHER { 12. Name **Joel A. Glass**
18. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Settle**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. C. D. Taylor**
(b) Address **Sparks, Tenn**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-19-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Washington Cem**

18. (a) Signature of funeral director **H. Profferman**
(b) Address **K.E. Mo.**

19. (a) **1/18/43** (Date received local registrar) (b) **M. M. Crow** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson** **48**
(c) City or town **Kansas City** (If outside city or town limits, write "RURAL")
(d) Street No. **607 E 16th St** (If rural, give location)
(e) If foreign born, how long in U. S. A. **no** years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1-15-43** day **15** year **1943** hour **15** minute **43** M.

21. I hereby certify that I attended the deceased from **9** to **19** ;
that I last saw h. **Deputy Coroner** , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteric Stenosis**
Due to **Hypertrophy and dilatation of heart.**
Due to **92.0**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy **See above**
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) Means of injury

23. Signature **A. E. Washer** (M. D. or other) **M.D.**
Address **23rd Mc Coy** Date signed **1/17/43**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X1951

SS
Medford
PAC

O P Gants

SS
PAC

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 _____

F. Lewis Walton, Registered Apprentice No. 2244
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2244

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, above space should be left blank.