

Registration District No. 134Primary Registration District No. 4208

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Cainsville
(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 About 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME AMELIA E. GLAZE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daniel Redkey Glaze 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased January 18 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 26 hr. min.

9. Birthplace Davis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name George Clibborn
13. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary H. H. Comb
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant D. R. Glaze
(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof Jan 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri.

19. (a) 1-18-1942 (b) S. H. Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
year 1943 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 1939, to Jan. 13, 1943.

that I last saw her alive on Jan. 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis. Duration

Due to Hypertension, Diabetes Mellitus.

Due to

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

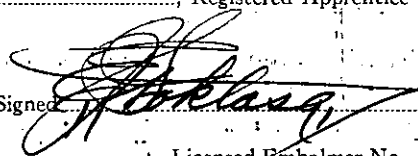
23. Signature [Signature] D.O.
Address Cainsville, Missouri. Date signed 1/16/43

APR 3 1947

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
Eddie J. Stoklasa, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.