No. 2
9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2334

FILED FEB 9 1943

Registration District No. 134 Primary Registration District No. 4208 Registrar's No.

41 0 0

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

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
In this community About 65 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison 0
(c) City or town Cainsville 0
(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 0

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 (Month) 18 (Day) 1870 (Year)

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

9. Birthplace Davis County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name George Clibborn
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Holcomb
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant D. R. Glaze
(b) Address Cainsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1943 (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. (Date received local registrar) (b) [signature] (Registrar's signature)

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.

	Duration
Immediate cause of death Chronic Interstitial Nephritis.	
Due to Hypertension, Diabetes Mellitus.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [signature] (M.D. or other) D.O.
Address Cainsville, Missouri. Date signed 1/16/43

1123

(Licensed Embalmer's Statement on Reverse Side)

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 E. Stoklasa

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.