

S. No. 2  
M-5-42  
5-17-39  
FILED

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14547**  
Registrar's No. **89**

**MAY 13 1943**

Registration District No. **157**

Primary Registration District No. **3028**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**501 West Mound Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **39 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **813 E. Budlong St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **RALPH GILBERT GLINES**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **500-09-1195**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Frances Walker Glines** 6. (c) Age of husband or wife if alive **36** years  
7. Birth date of deceased **October 4, 1900**  
(Month) (Day) (Year)

8. AGE: Years **42** Months **6** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Norris Glines**  
13. Birthplace **X Wis.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Louisa Glaubig**  
15. Birthplace **X Wis.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ralph G. Glines**  
(b) Address **813 E. Budlong St. Carthage, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-20-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**  
(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **April 19 43** (b) **E. Elizabeth Copplin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16,** year **1943** hour **6:40** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Mar** 19 **13** to **Apr 16** 19 **43**

that I last saw him **alive** on **Apr 16** 19 **43** and that death occurred on the date and hour stated above.

Immediate Cause of death **Primary Carcinoma of Liver** Duration **about 3 months**

Due to \_\_\_\_\_  
Due to **H68**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **Primary Carcinoma of Liver**  
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) (f) Means of injury \_\_\_\_\_  
23. Signature **H. E. Byrd** (M. D. or other)  
Address **Carthage Mo.** Date signed **4-19-43**

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

43-4-397

MAY 28 1945

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 E. Ellersner

Licensed Embalmer No. 2222

P. O. Address Carthage

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.