

JUL 10 1943

Registration District No. 111

Primary Registration District No. 5426

State File No. _____

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Pacific, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pacific Rural
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 yrs
years, months or days)

3. (a) PRINT FULL NAME Rachel Martha Glenn

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry C. Glenn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 8, 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace (Rural) Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name of father James? Marshall

13. Birthplace (unknown) Penna.
(City, town, or county) (State or foreign country)

14. Maiden name Amy Gray

15. Birthplace (unknown) Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry C. Glenn Jr.

(b) Address 7811 Olive St. Road

17. (a) Burial (b) Date thereof 6/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Edith B. Ambruster

(b) Address 4234 Manchester

19. (a) June 9 1943 (b) Clara C. Pletcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
 (c) City or town Pacific Rural
(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 June day 7th
 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10th 1943 to June 7th 1943

that I last saw her alive on June 7th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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] (M. D. or other) MD

Address Pacific Mo Date signed 6-9-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED
100
1739

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..... *Glenn Eynck*.....
Licensed Embalmer No. *1284*.....
P. O. Address *St Louis Mo.*.....

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.