

S. No. 2  
M-9-4-41  
17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34157**

**WILLU NOV 8 1943**  
Registration District No. **42**

Primary Registration District No. **1050**

Registrar's No. **1140**

**1. PLACE OF DEATH:**

(a) County **Buchanan**

(b) City or town **St Joseph, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**State Hosp. #2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 yr + 2 days**  
(Specify whether years, months or days)

In this community **In state hosp. (St Joseph)**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **25**

(c) City or town **Plattsburg Mo** (b) County **3**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **none** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **FRED GLENN**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **Single**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_

**7. Birth date of deceased** **Jan 7 1875**  
(Month) (Day) (Year)

**8. AGE:** Years **68** Months **9** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Plattsburg** (City, town, or county) **0** (State or foreign country)

**10. Usual occupation** **None**

**11. Industry or business** **none**

**12. Name** **James Glenn**

**13. Birthplace** **Mo** (City, town, or county) **0** (State or foreign country)

**14. Maiden name** **Nancy Susan Henderson** (State or foreign country)

**15. Birthplace** **Mo** (City, town, or county) **0** (State or foreign country)

**16. (a) Informant** **Henry Glenn**

**(b) Address** **Plattsburg Mo**

**17. (a) Burial** (b) Date thereof **10-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Log Church Cemetery**

**18. (a) Signature of funeral director** **Weyman & Son Inc**

**(b) Address** **St Joseph, Mo.**

**19. (a) 10/20/43** (b) **Woe Henry**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **18**  
year **1943** hour **4** minute **50** M.

**21. I hereby certify that I attended the deceased from** **Oct. 8**  
**1943** to **Oct. 18** **1943**  
that I last saw him alive on **Oct. 18** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Bronchopneumonia** **10 days** **Duration**

Due to **Respiratory infection** **12 days**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **107**

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 **0**

**23. Signature** **J. H. Hargrave** (M. D. or \_\_\_\_\_)

Address **State Hospital No. 2** Date signed **12-18-43**

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

MOTHER FATHER

1283

(Licensed Embalmer's Statement on Reverse Side of Joseph, Mo)

**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.....

*Robert H. Guph*

Licensed Embalmer No. ....

*5308*

P. O. Address.....

*St. Joseph 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.**