

FILED JAN 12 1945

Registration District No. 225

Primary Registration District No. 3053

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Phelp
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rolla Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Cuba
(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 _____

3. (a) PRINT FULL NAME Kate Glosser

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

4. Sex Female 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 alive _____ years

7. Birth date of deceased September 26th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 25 hr. _____ min.

9. Birthplace Crawford Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Matron

MOTHER FATHER

11. Industry or business _____
12. Name Thomas H. Glosser

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

14. Maiden name Martha Weller
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jas. E. Hollow
(b) Address Cuba Mo.

17. (a) Bural (b) Date thereof Dec 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounts' Cemetery

18. (a) Signature of funeral director Jas. E. Hollow
(b) Address Cuba Mo.

19. 12-22-1943 (Date received local registrar) (Registrar's signature) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st
year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Dec 19
1943 to Dec 21 1943
that I last saw her alive on Dec 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation
Duration _____

Due to _____

Due to _____

Other conditions 92%
(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. or other) _____
Address Rolla, Mo. Date signed 12-22-1943

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

107

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.....

Licensed Embalmer No.....

P. O. Address.....

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.