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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED FEB 10 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1405
Registrar's No. 468

Registration District No. 100
Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson, Mo.
(c) Name of hospital or institution: 802 Pacific St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LULA E. GLASPY
3. (b) If veteran, No name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced, widower 2 divorced, widower
6. (b) Name of husband or wife Wm. Glaspay
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown 1900 (Month) (Day) (Year)

8. AGE: Years 44 Months - Days - If less than one day hr. min.

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

10. Usual occupation Day work

11. Industry or business

MOTHER FATHER {
12. Name Wm. Harris
13. Birthplace Missouri, O (City, town, or county) (State or foreign country)
14. Maiden name Lucy Harris
15. Birthplace Missouri, O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Marshall
(b) Address 807 Pacific St
17. (a) Burial, cremation, or removal Burial
(b) Date thereof 3/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director J. B. Brown
(b) Address 1820 E 18 St
19. (a) 1-28-44 (Date received local registrar)
(b) J. B. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Jackson, Mo.
(d) Street No. 802 Pacific (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 27
year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 22nd, 1944 to Jan. 26th, 1944
that I last saw him alive on Jan. 27th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Rhythm Disturbance with Dehydrated Pneumonia
Due to: Facial Infections
Duration

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

Major findings: Of operations
Of autopsy 92A
PHYSICIAN

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)
(c) Means of injury
23. Signature: Chas. B. Brown (M. D. or other)
Address: 819 Independence Ave. Date signed 1-28-44

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

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(Licensed Embalmer's Statement on Reverse Side)

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 me

J. B. Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

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.