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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3453

FILED FEB 14 1944

Registration District No. 87 Primary Registration District No. 3640 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days; (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe (If outside city or town limits, write "RURAL")
(d) Street No.: 914 - Broadway (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Virgil Glore
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: Divorced
6. (b) Name of husband or wife: Maynie Glore
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Feb. (Month) 11 (Day) - 1868 (Year)
8. AGE: Years 75 - Months 10 - Days 23 If less than one day ✓ hr. ✓ min.
9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Railroad Engineer
11. Industry or business: C.M.St.P. & Pac. R.R.
MOTHER FATHER
12. Name: Francis M. Glore
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Miller
15. Birthplace: Penn. (City, town, or county) (State or foreign country)
16. (a) Informant: Jane Glore McGee
(b) Address: 831 W - 2nd St, Attumwa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) - 7 (Day) - 44 (Year)
(c) Place: burial or cremation: Edgewood Cem.
18. (a) Signature of funeral director: James D. Gordon
(b) Address: Chillicothe Mo.
19. (a) Jan 6 (Date received by local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1944 hour 10:00 minute a M.
21. I hereby certify that I attended the deceased from Nov 24 1943 to Jan 4 1944; that I last saw him alive on Jan 3 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart decompensation	1 mo
Due to: Chronic myocarditis	?
Due to: Hypertension	
Other conditions (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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: R. J. Brennan (M. D. ~~or other~~)
Address: Chillicothe, Mo. Date signed 1/7/44

458 (Licensed Embalmer's Statement on Reverse Side)

MAR 1 1944

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lebanon 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.