V. S. No. 2
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Rev. -39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3783

Registration District No. 250 Primary Registration District No. 5849 Registrar's No. 62

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1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town ~~Conception~~ Jefferson Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Convent 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital~~ or institution Convent 2 months (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24

(a) State Missouri (b) County Nodaway
(c) City or town Conception Jefferson Twp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country Bavaria but Naturalizes U.S.A

3. (a) PRINT FULL NAME Sister Heriberta Glauber

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

4. Sex F 5. Color or race W 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 November (Month) 23 (Day) 1879 (Year)

8. AGE: Years 64 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Steinkirchen (City, town, or county) Bavaria 8 (State or foreign country)

10. Usual occupation School and Institution Work

11. Industry or business Kitchen work

FATHER
12. Name Joseph Glauber
13. Birthplace Erding (City, town, or county) Bavaria 8 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Senger
15. Birthplace Erding (City, town, or county) Bavaria 8 (State or foreign country)

16. (a) Informant Rev. Adelhelm Hess
(b) Address Conception, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Conception Mo

18. (a) Signature of funeral director Lowton A Phillips
(b) Address Conception Jct Mo

19. (a) 1-17-44 (Date received local registrar) (b) A D Barnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1944 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1938, to Jan 16, 1944; that I last saw h. w alive on Dec 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Melitensis	
Senile Dementia	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J M Bowles (M. D. ~~or other~~)
Address Maryville, Mo. Date signed 1-17-44

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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.....

....., 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.