

FILED FEB 18 1944

State File No.

Registration District No. 383

Primary Registration District No. 2655

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 555 days
(Specify whether years, months or days)
In this community 555 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Short A
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNARD GLENN

3. (b) If veteran, name war no 3. (c) Social Security No. 491-18-6082

4. Sex male 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 29 years
7. Birth date of deceased Nov. 29 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 1 23 hr. min.

9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation waiter

11. Industry or business Tavern

MOTHER FATHER { 12. Name William Evette Glenn
13. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Glennora Maude Russell
15. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo State San, Mount Vernon
17. (a) removal (b) Date thereof Jan 22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Geo. S. Ort
(b) Address Mount Vernon Mo.
19. (a) 1-23-44 (b) Lucas Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 21
year 1944 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 15, 1942 to Jan. 21, 1944
that I last saw him alive on Jan. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration over 2 yrs.
Due to Langreese tuberculosis 6 wks
Due to

Other conditions (Include pregnancy within 3 months of death) 13 P 1
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) (c) Means of injury fall
23. Signature J. F. ... (M. D. or other) MD
Address Mo. State San, Mt Vernon Mo Date signed 1/21/44

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

55
00

1338

RECEIVED

District Health Officer No. 6.

District File Number 244-235

Date Filed FEB 15 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 *Geo. B. Orr*

Licensed Embalmer No. 946

P. O. Address *Opp. Vernon, Va*

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.