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

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(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 Michael Sylvester Glenn

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, widowed Divorced, widowed
6. (b) Name of husband or wife Maud Glenn 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased April 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Merchant-Printer (retired)

11. Industry or business:

MOTHER FATHER

12. Name Isaac Glenn
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Bush
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Miss Allie Pulse
(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof Nov. 10, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Cemetery

18. (a) Signature of funeral director George Stoff
(b) Address Mountain Grove Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/1-43 19... to 11/8-43 19...
that I last saw him alive on 11/6-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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. A. Ryan (M. D. or MD)
Address Mountain Grove, Mo. Date signed 11-10-43

RECEIVED

District Health Officer No. 6;

District File No. 1143-1290

Date Filed NOV 30 1943

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.....

George Stepp

Licensed Embalmer No.

3101

P. O. Address.....

Mrs. G. Stepp

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 49

Registration District No. 378 Primary Registration District No. 4552

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Sho
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Michael S. Glenn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1906
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar Day _____ Year 1943 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 R.A. Ryan (M. D. or other) _____
Address Mountain Sho Mo Date signed 3-6-44

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

SUPPLEMENTARY

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. X9

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright

(c) City or town Mountain Grove
(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 _____

3. (a) PRINT FULL NAME Michael S. Glenn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1886
(Month) (Day) (Year)

Immediate cause of death bronchial pneumonia

Duration _____

8. AGE: Years 76 Months 7 Days 0 (If less than one day, fill in min.)

9. Birthplace Mountain Grove, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Streetcar Conductor

11. Industry or business Streetcar

12. Name Isaac Glenn

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

14. Maiden name Sarah Bush

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

16. (a) Informant Mrs. Alice Palae

(b) Address Mountain Grove, Mo.

17. (a) Buried (b) Date thereof Nov 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hell Creek Cemetery

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

TEMPORARY