No. 2
-5-42
-17-39
X32873

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

11330

State File No.

Registration District No. FILED APR 16 1944

Primary Registration District No. 4267

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(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 74 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Odessa 4
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sally K. Glover

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Chas. Glover

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. (Month) 30, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	3	hr. min.

9. Birthplace Odessa, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Weaver
13. Birthplace (City, town, or county) N.C. / (State or foreign country)

MOTHER
14. Maiden name Georgie Franks
15. Birthplace (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Chas. Glover
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 5, (Day) 1944 (Year)
(c) Place: burial or cremation Odessa, Mo. Cem.

18. (a) Signature of funeral director L.C. Husman
(b) Address Odessa, Mo.

19. (a) Mar-29-1944 (Date received local registrar) (b) Mrs W.F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb 22, 1944, to March 3, 1944, that I last saw her alive on March 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage @ right hemiplegia.

Due to

Due to

Other conditions auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

Duration

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) no

(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 0

23. Signature W.E. Martin MD (M. D. or other) MD
Address Odessa Mo Date signed 3-4-44

1151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-5-44

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 John A. Cantlon, Registered Apprentice No. 356 working under my personal supervision.

Signed Jerry L. Husman

Licensed Embalmer No. 2541

P.O. Address Odessa, 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.