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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 8 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4154

Registrar's No. 32

1. PLACE OF DEATH:

(a) County DADE

(b) City or town GREENFIELD

(c) Name of hospital or institution: CITY  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution NONE  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DADE 29

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

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

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

3. (a) PRINT FULL NAME BODOMIE A. GLASSCOCK

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15  
year 1944 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 1 - 44  
1944 to May 15, 1944  
that I last saw her alive on May 2  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife LEO MARION GLASSCOCK

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

7. Birth date of deceased: MAY 17 1882  
(Month) (Day) (Year)

Immediate cause of death Cancer of uterus

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

61 11 29 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H&P

MOTHER FATHER

9. Birthplace DADE Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business HOME

12. Name PERRY TERRELL

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

14. Maiden name MAR'S M. TERRELL

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

16. (a) Informant Ralph D. Glasscock

(b) Address Joplin Mo

17. (a) BURIAL (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHILOH CEMETERY

18. (a) Signature of funeral director Thos General Home

(b) Address Greenfield Mo

19. (a) 5-17-44 (b) Phyllis Lark  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature H O Cowan (M. D. or other)  
Address Greenfield Mo Date signed 5-17-44

1282

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 644-683

Date Filed JUN 6 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.....

Licensed Embalmer No. 4099

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.