

FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21376

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 16 days
1 mo. 16 days (Specify whether
 years, months or days)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Fred James GLAZE

3. (b) If veteran, name war World War I 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floss L. Glaze 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 16, 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 26 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Rural L. Glaze

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

14. Maiden name Onio Melton

15. Birthplace ? ? (City, town, or county) (State or foreign country) 0

16. (a) Informant Hospital Records, Veterans Admin-

(b) Address istration, Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 6-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removed to Ash Grove, Mo.

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Missouri

19. (a) 6-12-44 Mrs. Sadie Redman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Walnut Grove 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #1 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from
April 26, 1944, to June 11, 1944
 that I last saw him im alive on June 11, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic unknown far advanced
ulcer, peptic, with recent marked hemorrhage unknown

Due to Tuberculosis of spine, unknown
5th & 6th dorsal, with paraplegia

Other conditions Tuberculosis of spine, unknown
 (Include pregnancy within 3 months of death)
5th & 6th dorsal, with paraplegia
 Major findings:
 Of operations _____
 Of autopsy NO AUTOPSY 1321
 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) (c) Means of injury 0
 While at work? 0
 Signature Ernest M. Tapp (M. D. or other) MB
 Address Veterans Administration Date signed 6-12-44

RECEIVED

Health Officer NO. 8

File Number

Date Filed 6-28-74

SEP 29 1950

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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 Chas. Virgil Hope
Licensed Embalmer No. 3950
E. O. Address Excelsior Springs

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.