V. S. No. 2
50M—5-42
Rev. 5-17-39
I 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

Dr. Isom.

State File No. 21862

FILED JUN 20 1944

Registration District No. 1944

Primary Registration District No. 5617

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: Fabius Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

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

(d) Street No. Fabius Twp 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louisa Ellen Glover

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife George H. Glover

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan (Month) 14 (Day) 1878 (Year)

8. AGE: Years 66 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Greensburg (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Ellen Shutts
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Brack Yanskike
(b) Address Newark Mo

17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof May 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Newark

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing Mo

19. (a) 6-10-44 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1938, to May 11, 1944
that I last saw her alive on May 11, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Convulsions	1 day
due to Chronic Nephritis	15 yrs
Due to	
Due to	
Other conditions Arteriosclerosis,	15 yrs
(Include pregnancy within 3 months of death) Diabetes Mellitus	5 yrs

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 Waldo B Isom (M. D. or other) MD
Address Newark Mo Date signed 5/17/44

1142

(Licensed Embalmer's Statement on Reverse Side)

1944 - 5 - 11
1878 - 1 - 14
1866 - 3 - 27

RECEIVED
District Health Officer No. 10
District File Number 6-44-1120
Date Filed JUN 15 1944

MAY 18 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 Thomas Ball

Licensed Embalmer No. 1744

P.O. Address Ewing, 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.