

FILED JUL 21 1944
Registration District No. **118**

Primary Registration District No. **5439**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Casson Supp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bland Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Entire lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural **37**
(If outside city or town limits, write "RURAL")
(d) Street No. Bland Route **0**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME

John Glandon

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 Married
6. (b) Name of husband or wife Ede Glandon
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 21 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Stephen Glandon
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Glandon

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof June 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ovenville City Cem.

18. (a) Signature of funeral director Millard N. N. Winter

(b) Address Ovenville, Mo.

19. (a) June 26 1944 (b) Myrtle M. Wenzel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 22, 1944, to June 24, 1944.
that I last saw him alive on June 23, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation **6 mos.**

Due to Chronic Myocarditis **2 yrs.**

Due to Arteriosclerosis, Advanced **2 yrs.**

Other conditions Hypertension **2 yrs.**
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
PHYSICIAN 93d
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 Paul A. Bruner (M. D. or other) MD
Address Ovenville, Mo. Date signed 6-24-44

1287

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

3700

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-20-44

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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wesford Winter
Licensed Embalmer No. 3838
P. O. Address Owensall 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.