

Registration District No. 210

Primary Registration District No. 5909

1. PLACE OF DEATH:

(a) County Peniscot
(b) City or town Caruthersville Little Prairie
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 10 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peniscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Richard Glyatt

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased August 5, 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 10 hr. min.

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

10. Usual occupation caretaker

11. Industry or business None

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.J. Hazel
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 8-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. H. ...
(b) Address Caruthersville, Mo.

19. (a) 8-19-44 (b) Jessie M. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12,
year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 2, 1944, to Aug. 12, 1944,
that I last saw him alive on Aug. 12, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 10 days

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

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 J. J. ... M. P. (M. D. or other)
Address Caruthersville, Mo. Date signed 8-17-44

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

8-44-203

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 Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address Caruthersville

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.