

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30932

FILED OCT 10 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 756

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1420 N. JEFFERSON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1420 N. Jefferson
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME LUCINDA MCGLASSON
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 18
 year 1944 hour 6 minute 45 P. M.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ORIN MCGLASSON
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased OCT. 11 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-18, 1944, to 9-18, 1944, that I last saw her alive on 9-18, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 7 If less than one day hr. min.

Immediate cause of death: Cerebral hemorrhage & thrombosis
 Due to: Chv. hypertensive vascular disease
 Due to:

9. Birthplace: Webster Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: at home

12. Name: Robert Pamplin

13. Birthplace: Rolla Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Elsie Welch

15. Birthplace: Webster Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Orin McGlasson

(b) Address: Springfield, Mo.

17. (a) Burial, cremation, or removal: Burial
 (b) Date thereof: Sept 24 1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation: Maple Park Cem.

18. (a) Signature of funeral director: J. W. Klingner

(b) Address: Springfield, Mo.

19. (a) 9-22-44 (b) S. W. Handley
 (Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: [Signature]

Of autopsy:

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: Arthur D. Knapp M. D. or other

Address: 412 1/2 E. Conril Date signed: 9-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JUL 31 1948

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 Ogl. Stone Jr.
Licensed Embalmer No. 4176
P. O. Address Springfield

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.

X