S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 108

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41054

Primary Registration District No. 3018

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution X (Specify whether
In this community all its life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Salem 1
(If outside city or town limits, write "RURAL")

(d) Street No. X 1
(If rural, give location)

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

If yes, name country X 0

3. (a) PRINT FULL NAME Ronald Edward Glenn

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 0

5. Color or race W

6. (a) Single, widowed, married, divorced child 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased August (Month) 21 (Day) 1941 (Year)

8. AGE: Years 3 | Months 3 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Dent Co (City, town, or county) Mo 10 (State or foreign country)

10. Usual occupation child

11. Industry or business —

FATHER
12. Name John Glenn
13. Birthplace Phelps Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Hazel Whitaker
15. Birthplace Dent Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant John Glenn
(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director [signature]
(b) Address Salem Mo

19. (a) 12-20-44 (Date received local registrar) (b) Jas W. McLeod by [signature] (Registrar's signature)

1177

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 10-23, 1944, to 12-19, 1944;
that I last saw him alive on 10-18-44, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	3 days
Due to —	
Due to 10	
Other conditions (Include pregnancy within 3 months of death): Diphtheria several weeks ago	
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 Martin M Hart, M.D. (M. D. or other) M.D.

Address Salem Mo. Date signed 12-19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14510
Date Filed 1-8-45

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 Carl H. Spinner

Licensed Embalmer No. 9370

P. O. Address Salem 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.