

S. No. 2
1-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11409

State File No.

FILED JAN 10 1945
Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
505 E. Gay St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm. Riley Glass

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Katherine Glass 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 16 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Ray Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name John C. Glass

13. Birthplace Johnson CO. MO.

14. Maiden name Mary Susan Shackelford

15. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. R. Glass

(b) Address 505 E. Gay St.

17. (a) Burial (b) Date thereof 12-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Dec 26 1944 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 505 E. Gay St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1944 hour 4 minute 30 PM.

21. I hereby certify that I attended the deceased from March 10
1944, to Dec. 25, 1944
that I last saw him alive on Dec. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive heart disease

Due to Generalized arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 93d
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 0

23. Signature W. Williams (M. D. or other)

Address Warrensburg Mo Date signed 12/26/44

Duration

3 days

49 years

10 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Earl Priest*.....

.....Licensed Embalmer No. **3878**.....

.....P. O. Address **Warrensburg, 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.