S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1945

St. James.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10406

State File No.

Registration District No. ~~5945~~ 276 Primary Registration District No. 5945 Registrar's No.

81
0
0

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 4 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 81

(c) City or town Rolla - Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Nathaniel H. Glover

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. U

5. Color or race Wh

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Iris

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

7. Birth date of deceased June 25, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Glover 4
13. Birthplace Scotland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Rose Anna Harmond
15. Birthplace Dorn (City, town, or county) Know (State or foreign country) 9

16. (a) Informant Mrs. Peter
(b) Address Rolla Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Goodall Cem.

18. (a) Signature of funeral director Neill Son
(b) Address Rolla Mo.

19. (a) 12-30-1944 (Date received local registrar) (b) Chancie Dunkson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1944 to Dec 25, 1944
that I last saw him alive on Dec 1, 1925
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis c̄ congestive failure	3 wks
Due to	
Due to	
Other conditions Senility + chr myocarditis (Include pregnancy within 3 months of death)	

93d

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 0

23. Signature E. E. Ferrid M.D. (M. D. or other)

Address Rolla Mo. Date signed 12-26-44

1041

(Licensed Embalmer's Statement on Reverse Side)

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 S. L. Morrell

Licensed Embalmer No. 3394

P. O. Address Keller 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.