S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22940

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2996

1. PLACE OF DEATH:
(a) County Jackson.
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4708 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City.
(If outside city or town limits, write "RURAL")
(d) Street No. 4708 Woodland
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Hiram Bruce Glassco
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 Mayme Spruill Glassco
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased January (Month) 7 (Day) 1857 (Year)
8. AGE: Years 88 Months 6 Days 11 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Editor - Retired
11. Industry or business x
FATHER 12. Name John Glassco
13. Birthplace unknown, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Tokum
15. Birthplace unknown, (City, town, or county) (State or foreign country)
16. (a) Informant John Punton, Jr.
(b) Address 1010 W. 57th St., K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1945 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1937, to July 18, 1945, that I last saw him alive on July 17, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	7 yrs
Due to Cerebral sclerosis	5 yrs
Due to Arterio sclerosis	20 yrs.
Due to Arterio sclerotic heart disease	10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d

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 E. L. Petry (M. D. ~~or other~~)
Address 300 Argyle Bldg Date signed 7-18-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. L. Petry

Argyle Bldg.
H 5997 1 P.M.

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 [signature]

Licensed Embalmer No. 1415

P. O. Address 15, C, 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.