

FILED OCT 1 1945  
Registration District No. 1002

Primary Registration District No. 1002

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:  
5429 Cherry /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
(Specify whether  
In this community 65 years  
years, months or days)

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. 5429 Cherry  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME William Ernest Glenn

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 Mrs. Edith Glenn 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased August 6 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 15 If less than one day hr. min. 0

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

12. Name Robert D. Glenn  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Lerr  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Glenn,

(b) Address 5429 Cherry, Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stire & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-22-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21  
year 1945 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from known 19     to      19    ;  
that I last saw h.      alive on      19    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
Due to subur sclerosis

Due to       
Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations       
Of autopsy History of Angiostenosis

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 blow)  
While at work? (c) Means of injury     

23. Signature Jesse Walker (M. D. or other) Coram  
Address 1424 Prof. Rd. Date signed 9-21-45

Duration       
PHYSICIAN       
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address N.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.**