

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3369

State File No.

Registrar's No.

FILED FEB 15 1946

Registration District No.

Primary Registration District No. 4322

6

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Artwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Daniel Redkey Glaze

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 8 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 4
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Samuel Glaze
13. Birthplace a Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Melbourne
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hall Baker
(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof Jan. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Cainsville, Missouri

19. (a) 1-29-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1946 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from Jan. 9
1946 to Jan. 12 1946
that I last saw him alive on January 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis with
myocardial degeneration Duration 5yr.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 430
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?

While at work (Specify type of place)
(e) Means of injury
23. Signature Byron J. Artwell (M. D. or other) 11.0
Address Princeton, Missouri Date signed 1/13/46

APR 2 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

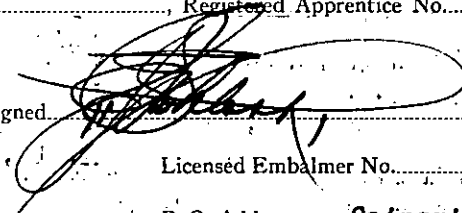
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed. 

Licensed Embalmer No. **3602**

P. O. Address **Cainsville, Missouri.**

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.