U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29414
State File No.

FILED AUG 21 1946

Registration District No. 7-4 Primary Registration District No. 45-47 Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth
(c) City or town Grant city
(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 .....

3. (a) PRINT FULL NAME Nellie Francis Glenn
3. (b) If veteran, name war .....
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wellington Glenn
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept (Month) 7 (Day) 1873 (Year)
8. AGE: Years 72 Months 8 Days 23 If less than one day ..... hr. ..... min.
9. Birthplace Grant city (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
12. FATHER Name William Maylon
13. FATHER Birthplace unknown (City, town, or county) Michigan (State or foreign country)
14. MOTHER Maiden name Margaret Gordon
15. MOTHER Birthplace unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Allie Deaton
(b) Address Grant city, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Honey Grove, Cem.
18. (a) Signature of funeral director Jack C. Dunfee
(b) Address Grant city, Mo.
19. (a) August 7-46 (Date received local registrar) Leta G. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30 year 1946 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from 3-10, 1946, to 7-30, 1946; that I last saw her alive on 7-30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hyperpyrexia	
Heart disease, pulmonary	3 days
embolism of brain	
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓ 93D	
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 R. J. Rosie M.D. (M. D. or other)
Address Gallatin Mo. Date signed 7-31-46

741 (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.