

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32996**  
Registrar's No. **154**

Registration District No. **59** Primary Registration District No. **4097**

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

1. PLACE OF DEATH:  
(a) County **Cass**  
(b) City or town **Harrisonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **53 years** (Specify whether years, months or days)  
In this community **53 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Cass 19**  
(c) City or town **Harrisonville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **500 West Mechanic**  
(If rural, give location)  
(e) Citizen of foreign country? **—** (Yes or No)  
If yes, name country **—**

3. (a) PRINT FULL NAME **Ewing Suggate Glenn**  
3. (b) If veteran, name war **World War I**  
3. (c) Social Security No. **496-03-1270**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct** day **25<sup>th</sup>**  
year **1946** hour **8** minute **30 A. M.**  
21. I hereby certify that I attended the deceased from **—** 19 **—** to **—** 19 **—**  
that I last saw him alive on **Oct 23** 19 **46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Single**  
6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **March 16 1893**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Apoplexy**  
Due to **Supple's secondary**  
Due to **—**  
Other conditions (Include pregnancy within 3 months of death) **—**

8. AGE: Years **53** Months **7** Days **9**  
If less than one day **—** hr. **—** min.

Major findings: **306**  
Of operations **—**  
Of autopsy **—**  
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? **—**

9. Birthplace **Harrisonville Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Organist**

11. Industry or business **—**  
12. Name **Allen Glenn**  
13. Birthplace **Harrisonville Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary E. Keller**  
15. Birthplace **Westport Mo**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Alan B. Spann**  
(b) Address **Harrisonville Mo**  
17. (a) **Burial** (b) Date thereof **Oct 27-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Glenn Cemetery**

18. (a) Signature of funeral director **RUNNELS, GER'S**  
(b) Address **HARRISONVILLE, MO.**  
19. (a) **Oct 27-46** (b) **Laura J. Jones**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. W. Griffith** (M. D. or other)  
Address **Harrisonville Mo** Signed **Oct 26**  
While at work? **—** (Specify type of place) (c) Means of injury **—**

**Dr Ed Knapp 51** (Licensed Embalmer's Statement on Reverse Side)

DEC 19 1946

NOV 19 1946

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..... *Ernest Remmenbeger*

Licensed Embalmer No. *3368*

P. O. Address..... *Harrisonville, 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.