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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 36129

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1313

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

**1. PLACE OF DEATH:**

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jerome Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

3. (a) PRINT FULL NAME Emma Jane Glaze
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis A. Glaze
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 2 (Day) 1859 (Year)

8. AGE: Years 87 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Mass. (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Harry D. Reed
13. Birthplace Brookfield (City, town, or county) Mass. (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant J. D. Goff,
(b) Address St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton Be Tole & Boulinan
(b) Address St. Joseph, Mo.
19. (a) Nov. 27, 1946 (Date received local registrar) (b) E. C. Jenkins By Stella Smith Deputy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 25 year 1946 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Viewed Nov 25th, 1946, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | |
| Due to | |
| Due to | |
| Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

94A

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 B. W. Tadlock Coroner (M. D. or other) 2
Address King Hill Bldg Date signed 11/26/46

3 & 2 (Licensed Embalmer's Statement on Reverse Side)

## 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 Raymond W. Morehead

Licensed Embalmer No. 4413 A

P. O. Address 319 So 10th St Joseph 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.**