

**FILED JAN 9 1947**

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Coles  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rural RR #1, Jefferson Township  
(If outside city or town limits, give street number or location)  
(d) Length of stay: In hospital or institution 16 years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, give "RURAL")  
(d) Street No. Missouri State Transit  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
Switzerland unknown.  
If yes, name country

3. (a) PRINT FULL NAME

ART D. GLOVER #37264

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced unknown  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Unknown 1900  
(Month) 12 (Day) 10 (Year)

8. AGE: Years 46 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Missouri Public Records

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 12/29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capitol, Mo.

18. (a) Signature of funeral director Sybilta Shull

(b) Address Jefferson City, Mo.

19. (a) 12-30-46 (b) R. P. Davis MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1946 hour 1 minute 15P. M.

21. I hereby certify that I attended the deceased from 10 Dec 12 1946 to 12 1946 (that I last saw him alive on 12 12 1946 and that death occurred on the date and hour stated above.)  
Duration

Immediate cause of death Decomposed Heart

Due to

Due to Diabetes Mellitus

Other conditions Diabetes Mellitus  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy 61  
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 J. G. Bruce MD (M. D. or other)

Address Jefferson City Date signed 12/28/46

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

MOTHER FATHER

26  
5  
4

38843

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 2 1947

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 *Sylvester Dulle*  
Licensed Embalmer No. *4301*  
P. O. Address *Jefferson 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.