

FILED JAN 7 1947  
Registration District No. 170

Primary Registration District No. 2033

Registrar's No. ....

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town LEBANON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.S. EAST MAIN ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53  
(c) City or town LEBANON  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.S. MAIN ST.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME GRACIE E GLASSCOCK

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

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FRED GLASSCOCK 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased OCT 14 1973  
(Month) (Day) (Year)

8. AGE: Years 73 Months 23 Days 23 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name WM MORRISON  
13. Birthplace WARREN Co IOWA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY ELLEN WICK  
15. Birthplace WHITESIDE Co. ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Glasscock  
(b) Address R.S. LEBANON

17. (a) BURIAL (b) Date thereof 11-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PHAMER'S

(b) Address LEBANON MO

19. (a) Dec 27, 1946 (b) Orn Frankburger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7  
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 7-31 1946 to 10-26 1946  
that I last saw her alive on 10-26 1946  
and that death occurred on the day and hour stated above.  
Immediate cause of death Chronic valvular heart disease Duration

Due to L

Due to L

Other conditions L  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 92D  
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) (Manner of injury)

23. Signature Agatha H. Kromer (M.D. or other) P.O.  
Address Lebanon, Mo Date signed 12/19/46

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

1/3/46

Received .....  
Laclede County Health Unit  
File No. 11-46-181  
Date Filed 1/3/46

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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 Allyn DeBerge Hooker  
Licensed Embalmer No. 4333  
P. O. Address Lebanon 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.