

Registration District No. **156**Primary Registration District No. **0201**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper Co.**
 (b) City or town **Joplin, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Joplin General**
 (If in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Michael Jay Glassford**

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex **M****0**

5. Color or

race **W**

6. (a) Single, widowed, married,

0 divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

NOV.
(Month)**26**
(Day)**1946**
(Year)

8. AGE:

Years

Months

Days

If less than one day

4

hr.

min.

9. Birthplace

Joplin
(City, town, or county)**MO-0**
(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name

Jay Glassford

13. Birthplace

Pierce City, Mo
(City, town, or county)**MO-0**
(State or foreign country)

14. Maiden name

ELSIE COLEMAN

15. Birthplace

OKLA
(City, town, or county)**OKLA**
(State or foreign country)

16. (a) Informant

JAY GLASSFORD

(b) Address

Pierce City, Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Nov 30, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation

Pierce City, Mo

18. (a) Signature of funeral director

Wilbur Bros.

(b) Address

Pierce City, Mo

19. (a)

1-13-47
(Date received local registrar)

(b)

[Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Wheeler**
 (c) City or town **Pierce City, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **ADAMS AVE**
 (If rural, give location)
 (e) Citizen of foreign country? **NO**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
 year **1946** hour **3** minute **50** a. m.

21. I hereby certify that I attended the deceased from **Nov. 26**
 _____, 19 **46** to **Nov. 30**, 19 **46**;

that I last saw him alive on **Nov. 30**, 19 **46**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital**
malformations of the
cardiovascular and digestive
systems

Duration

4 days

Due to _____

Due to _____

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

Major findings:

Of operations _____

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) (c) Means of injury **J**

23. Signature **Charles L. Moon** (or other) **190.**
 Address **Pierce City** Date signed **11/30/46**

FILED JAN 28 1947

46-12-1724

19

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

Edwin P. Wilks

Registered Apprentice No.

working under my personal supervision.

Signed

Edwin P. Wilks

Licensed Embalmer No.

4131

P. O. Address

Pierce 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.