

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16207

Registration District No. 245

Primary Registration District No. 6197

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Burdine
(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 3 weeks - (Specify whether
In this community 3 weeks - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Burdine
(If outside city or town limits, write "RURAL")
(d) Street No. South of Cabool
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VERNON THOMAS GLENN

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex mo 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased may 5 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer and Road Construction

11. Industry or business

12. Name Austin Glenn

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 ms. Clara Glenn

(b) Address Cabool, mo.

17. (a) Burial (b) Date thereof 3 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool

18. (c) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool, mo.

19. (a) march 25 (b) Raynell Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 19
year 1947 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Did not
see him, 19... to... 19...
that I last saw him alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death heart attack
Due to...
Due to...

Other conditions (Include pregnancy within 3 months of death)
Major findings: 95C
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?

(Specify type of place)
While at work? (c) Means of injury 0

23. Signature J. M. Coatsworth (M. D. or other)
Address Cabool Date signed 3/19/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5

District File Number 447232

Date Filed 4-21-47

JUL 19 1954

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..... *Ray F. Hutchison*.....

Licensed Embalmer No. 4374.....

P. O. Address..... *Calver Ms*.....

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.