

National Office of Vital Statistics  
**FILED DEC 4 1947**  
Registration District No. **3872**

Primary Registration District No. **4328**

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

**1. PLACE OF DEATH:**  
(a) County **HOWARD**  
(b) City or town **GLASGOW**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **49 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Howard**  
(c) City or town **Glasgow**  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country:

**3. (a) PRINT FULL NAME** **CHARA GLENN**  
**3. (b) If veteran, name war:**  
**3. (c) Social Security No.:**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct** day **16**  
year **1947** hour **1** minute **25** A.M.  
**21. I hereby certify that I attended the deceased from** **Oct 15**  
**1947, to** **Oct 15** **1947**  
that I last saw **her** alive on **Oct 15**  
and that death occurred on the date and hour stated above.

**4. Sex** **Female** **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced** **widowed**  
**(b) Name of husband or wife** **EDWARD GLENN** **(c) Age of husband or wife if alive** **78.64** years  
**7. Birth date of deceased** **MAR 7 1864**  
(Month) (Day) (Year)

Immediate cause of death:  
**MITRAL STENOSIS**  
Due to:  
Due to:  
Other conditions:  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations:  
Of autopsy:  
**PHYSICIAN**  
Underline the cause of which death should be charged statistically.

**8. AGE:**  
Years **83** Months **7** Days **11**  
If less than one day hr. min.

**9. Birthplace** **CHILLICOTHE, IOWA**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** **Her home**

**12. Name** **HENRY JOHNSON**

**13. Birthplace** **U.S.A.**  
(City, town or county) (State or foreign country)

**14. Maiden name** **unknown**

**15. Birthplace** **U.S.A.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Elyse Glenn**

**(b) Address** **Glasgow Mo.**

**17. (a) Burial** **(b) Date thereof** **Oct 17, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Glasgow Mo.**

**18. (a) Signature of funeral director** **Andrew Freimuth**  
**(b) Address** **Glasgow, Mo.**

**19. (a) 10-17-47** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**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** **[Signature]** (M. D. or other) **Mo.**  
Address..... **Glasgow, Mo.** Date signed **10-17-47**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

12-3-47

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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 \_\_\_\_\_

*J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address. Glasgow 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.