

FILED DEC 4 1947
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 393

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia L
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 1/2 S. Ohio 4
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LACIE M. GLENN

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, divorced Married

6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 17 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52	3	1	hr. min.
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9. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Grocer

MOTHER FATHER

12. Name James M. Glenn

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

14. Maiden name Almeda B. Shafer

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

16. (a) Informant Mildred Glenn

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 11/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvany farm

18. (a) Signature of funeral director Geo. P. Hilliard

(b) Address Sedalia, Mo.

19. (a) 11/20/47 (b) Betty Yeager
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18th
year 1947 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/17/47
to 11/18/47

that I last saw him alive on 11/18/47

and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis 15 hrs

Due to Hypertension 6 hrs

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations § 37

Of autopsy _____

Duration

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) (e) Means of injury 2

23. Signature H. K. P. Holden (M.D. or other) PC

Address 217 E. 8th Bldg. Sedalia, Mo. Date signed 11/21/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-47

APR 6 1948

MAY 18 1948

DEC 9 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 _____

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlow

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.