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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41390

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1059

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 2 mo. 8 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogersville, Rural
(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 Bruno Glaubitz

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1947 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1947 to Dec 7 1947
that I last saw him alive on Dec 7
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ricky 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 25 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Organic Heart, Renal disease

Due to	Duration
_____	_____
_____	_____

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

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant George B. Glaubitz (son)

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof Dec 10 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Kelley Ferrell-Bergman

(b) Address Rogersville Mo.

19. (a) 12/11/47 (b) W E Dunlavy MD
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 950

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 _____

23. Signature W E Dunlavy (M. D. officer)

Address Springfield Mo Date signed 12-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1948

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..... *K. K. Kelley*
Licensed Embalmer No..... *3334*
P. O. Address..... *Hardland 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.