

3. No. 2
-12.45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42575**
Registrar's No. **72**

Registration District No. **273** Primary Registration District No. **5919**

1. PLACE OF DEATH:
(a) County **Perry**
(b) City or town **Brewer Mo.**
(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 **9-4-25** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Glenda Mae Duvall**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 20 1938**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	9	4	25	hr. _____ min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Grade School**

MOTHER FATHER {
11. Industry or business _____
12. Name **Trumer Duvall**
13. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Hazel Ravier**
15. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Trumer Duvall**
(b) Address **Brewer Mo.**
17. (a) **Burial** (b) Date thereof **12-17-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Jaymersons**
(b) Address **Perryville Mo.**
19. (a) **12-17-47** (b) **Joe J. Speller**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Perry** **79**
(c) City or town **Brewer Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** **15**
year **1947** hour **6** minute **A** M.
21. I hereby certify that I attended the deceased from **Nov 14 1947**
~~Nov 15 1947~~ to **Nov 15 1947**
that I last saw her alive on **Nov 14 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Paralysis of respiration **Nov 15**
Due to Some form of paralysis undiagnosed at Barnes Hospital
Due to Nov 4th to November 14th 1947
with sudden relapse nec 14 1947 **Dec 15, 1947**

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: **114E**
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 _____ (e) Means of injury _____
23. Signature **W. H. Bailey M.D.** (A.L.D. or other) _____
Address **Perryville, Mo.** Date signed **1/6 1947**

RECEIVED

District Health Officer No. 4

District File Number 148-59

Date Filed 1-13-48

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

Fredric W. Bane

Registered Apprentice No. 510

working under my personal supervision.

Signed *Edward Young*

Licensed Embalmer No. 2188

P. O. Address *Berrymill 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.