S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42647

Registration District No. 288 Primary Registration District No. 4426 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Polk (Madison Township)
(b) City or town Fair Play (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile South West of Fair Play (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 3 (Specify whether
In this community None years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Dallas 99
(c) City or town Dallas (If outside city or town limits, write "RURAL") 4
(d) Street No. 316 10th St (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country None

3. (a) PRINT FULL NAME Glenn Stephen Farris
3. (b) If veteran, name war World War II
3. (c) Social Security No. Don't Know
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene M. Farris
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Aug. 1, 1918 (Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)
10. Usual occupation 1st Lt. U.S. Army.
11. Industry or business U. S. Army.
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant C. G. Kendall U. S. Army
(b) Address Fort Lewis, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Dallas, Texas.
18. (a) Signature of funeral director Erwin and Blue Funeral Home
(b) Address Bolivar Missouri
19. (a) Dec 27, 1947 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24, year 1947 hour 10:55 minute A. M.
21. I hereby certify that I ~~attended~~ received the deceased ~~from~~ Nov. 23, 1947, to 1947; that I last saw him ~~alive~~ on Nov. 24 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Third Degree Burns Over entire Body.
Due to Received in Air Plane Crash.
Due to Plane Was Burned Completely.
Other conditions ✓ (Include pregnancy within 3 months of death)
Major findings: Of operations ✓
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:
(c) Accident, suicide, or homicide (specify) Accident 84
(b) Date of occurrence Nov. 24, 1947
(c) Where did injury occur? 1 Mi. S.W. of Fair Play (City or town) Polk (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Farm Pasture (Specify type of place)
While at work? yes (e) Means of injury ✓
23. Signature Willard B. Erwin Coroner (M. D. or other) 3
Address Bolivar Mo. Date signed Nov. 29/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 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 Paul D. Butler, Registered Apprentice No. 446, working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.