M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42674

FILED DEC 17 1947 293

Registration District No. ..... Primary Registration District No. 6003 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington; Mo R.F.D.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 85 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls 87
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Huntington; Mo R.F.D.1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EDWARD PRICE GLASCOCK
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 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 November (Month) 2 (Day) 1862 (Year)

8. AGE: Years 84 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Nimrod Glascock
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Elizabeth Sowers
15. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Emma Medcalf
(b) Address Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery Ralls
18. (a) Signature of funeral director Wilson & Sons Co
(b) Address Monroe City; Mo
19. (a) 9-4-47 (Date received local registrar) (b) N. T. Waters (Registrar's signature) 26X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1947 hour About 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from No medical attention; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Heat Prostration
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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 Clyde Wrobley Coroner
Address Perry, Mo Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 22 1948

RECEIVED
District Health Officer No. 10
District File Number 12-47-1735
DEC 15 1947
Daw

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed Lisie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.