S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44615

Registration District No. 3-33 Primary Registration District No. 4489 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Vanduser (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 (Specify whether years, months or days) / In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Vanduser (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

3. (a) PRINT FULL NAME: John Madden Glasscock
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: /
6. (b) Name of husband or wife: Anne Glasscock
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: September (Month) 26 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	2	hr. min.

9. Birthplace: Gibson County (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER
12. Name: J. W. Glasscock
13. Birthplace: Hickman (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Margaret Hardy
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Glasscock
(b) Address: Hayti, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: Valhalla Fun Home
(b) Address: 105 E Washington Hayti, Mo
19. (a) Jan 15 48 (Date received local registrar) (b) A. Bryant (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th year 1947 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from 12 17 47, 19..., to 12 28, 1947, that I last saw h. alive on 12-28, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: M D Wayfield M.D. or other
Address: Van Buren Mo Date signed 12-31-47

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

RECEIVED
District Health Office No. 2,
District File Number 48-161
Date Filed 1-30-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address 105 E. Washington Hayti, 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.