S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3623

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Brunswick~~ Chariton

(c) City or town Brunswick, "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 WALTER M. GLENN

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 widower

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 1st. (Day) - 1869 (Year)

8. AGE: Years 78 Months 8 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Henry M. Glenn
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant W. E. Glenn
(b) Address Brunswick, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Meisel
(b) Address Brunswick, MO

19. (a) Jan 11-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 9 - 1948
year ..... hour 10 minute 30 p.M.

21. I hereby certify that I attended the deceased from Dec. 21, 1947, to Jan. 9, 1948 that I last saw him alive on Jan. 9th. 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cholecystitis	12-7-47
Due to	
Due to	
Other conditions: Chronic endocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
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 B. Arkin M.D. (M. D. or other)

Address Marshall, Mo Date signed 1-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-12-48

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.