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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 22365

Registrar's No. 197 197

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18927d (Specify whether
In this community sense
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark 23

(c) City or town Kahoka 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME WALTER GLASSBURN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased DK (Month) (Day) 1885 (Year)

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) USA 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business farming

FATHER
12. Name G. Glassburn
13. Birthplace dK (City, town, or county) dK 9 (State or foreign country)

MOTHER
14. Maiden name dK
15. Birthplace dK (City, town, or county) dK 9 (State or foreign country)

16. (a) Informant Hospital records
(b) Address Fulton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St Fulton Missouri

19. (a) July 3 1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 6/22, 1948 to 6/24, 1948; that I last saw him alive on 6/24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Due to

Due to

Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 108

Duration

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 0

Signature J C Caldwell (M. D. or other) MD

Address Fulton Mo Date signed 6/24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 20 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 Walter J. Haines, Jr., Registered Apprentice No. 82 working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.