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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26043

FILED SEP 13 1948

Registration District No. 2

Primary Registration District No. 3021

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton

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

(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

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

(d) Street No. 1305 Lindall Ave 2  
(If rural, give location)

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

If yes, name country unknown

3. (a) PRINT FULL NAME GATHERINE McGLURE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19<sup>th</sup>  
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1948, to Aug 19, 1948; that I last saw him alive on Aug 19 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife W. Jammie McGlue

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

7. Birth date of deceased: Aug 11 1895  
(Month) (Day) (Year)

Immediate cause of death General Anoxia

Duration 2 7/8

8. AGE: Years 73 Months 0 Days 8

If less than one day hr. — min.

Due to Chronic interstitial Nephritis + Hypertension

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 13/10

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Augustine Crawford

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

14. Maiden name Betty Zumbren

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

16. (a) Informant Imprill Scott

(b) Address Fairfield, Calif - Box 427

17. (c) Maple Grove Cemetery Date thereof Aug 21 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Chas. P. Pepson

(b) Address Trenton, Mo.

19. (a) 8-21-48 (b) Frederic Zair  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address \_\_\_\_\_ Date signed 8/21/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 J. Gordon Blackmon  
Licensed Embalmer No. 4602  
P. O. Address Jrenton, Missouri

**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.**