

No. 2
M-2-43
17-30
K-33837

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40978

State File No. _____

Registration District No. 217

Primary Registration District No. 5907

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Coates
(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)
In this community all of life years, months or days

3. (a) PRINT FULL NAME Bertha Jean Glozier
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 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 March 31 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 10 hr. min.

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

10. Usual occupation child

11. Industry or business _____

12. Name John W. Clozier

13. Birthplace Rye Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Foster

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

16. (a) Informant John Glozier

(b) Address Tyler MO

17. (a) Buried (b) Date thereof 4-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Bertha Walt Co.

(b) Address Steele MO

19. (a) 11-21-48 (b) S. A. Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
(c) City or town Tyler
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1948 hour 12 minute 32.7 M.
21. I hereby certify that I attended the deceased from March 31 1948 to Nov 11 1948 that I last saw her alive on Nov 11 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Due to: Pneumonia

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration
PHYSICIAN

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 2

23. Signature M. J. Walker (M. D. or other) OB
Address Steele Date signed 11/11/48

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

MOTHER FATHER

1-49-7

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.....*Hayti Ma*

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.

Jan
2/9

Registration District No.

272

Primary Registration District No.

5907

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural
(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 _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME

Barbara J. Elger

3. (b) If veteran, name war _____

(c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

March 31 (Month) (Day) (Year)

8. AGE:

Years 0 Months ? Days _____ If less than one day _____ min.

9. Birthplace

(City, town or county) (State or foreign country) MO

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

107

S-40978