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FILED MAY 12 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12144

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5486 Registrar's No. 34

**1. PLACE OF DEATH**
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Martinsville Dallis Township
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in West part of Martinsville

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Harrison 41
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Martinsville Dallis Township 0
d. STREET ADDRESS (If rural, give location) West Part of Martinsville 0

**3. NAME OF DECEASED** (Type or Print) a. (First) Amy b. (Middle) Artemessa c. (Last) GLENN

**4. DATE OF DEATH** (Month) May (Day) 1 (Year) 1949

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2
8. DATE OF BIRTH Apr 18 1859
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months | Days 13 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dareus Watson
13b. MOTHER'S MAIDEN NAME Lucinda Hendrix
14. NAME OF HUSBAND OR WIFE James Glenn Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Mrs Troley Wiley ADDRESS Martinsville MO

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiphlegia

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 352A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* April 26, 1949, *that I last saw the deceased alive on _____, 19__, and that death occurred at* 2:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE J G Wilson (Degree or title) MD
23b. ADDRESS New Hampton MO
23c. DATE SIGNED May 2 '49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2 1949
24c. NAME OF CEMETERY OR CREMATORY Magee Cemetery
24d. LOCATION (City, town, or county) Two Mile NE of Martinsville (State) MO

DATE REC'D BY LOCAL REG. May 5 1949
REGISTRAR'S SIGNATURE Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE W G Noble ADDRESS New Hampton MO

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 MS

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed W G Noble

Licensed Embalmer No. 2984

P. O. Address New Hampton MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.