

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19551

State File No. ....

2648

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>55 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3711 Penn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3711 Penn</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Glynn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1949</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug. 17, 1876</b>	
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>JAMES J. GLENN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN Mary Fahey</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Glynn</b>	
				ADDRESS <b>3711 Penn</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Myocarditis</b>			
		DUE TO (c) <b>Parotid tumor, l.</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 1940 to 17 June 1949, that I last saw the deceased alive on 16 June 1949, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>William W. Gist</b>		(Degree or title)		23b. ADDRESS <b>200 W. 1st St. Kansas City, Mo.</b>		23c. DATE SIGNED <b>20 June 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/20/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>6-20-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank E. Tobin</b>		ADDRESS <b>20 W. LINWOOD</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. Helmut Fisch  
Professional Bldg.

Vi. 8665

1-5

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Mauda Adams

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4016

P. O. Address 20 W. Lincoln

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.

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1 PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>55 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		48
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3711 Penn</b>			d. STREET ADDRESS (If rural, give location) <b>3711 Penn</b>		
3 NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>J.</b> c. (Last) <b>Glynn</b>			4 DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1949</b>		
5 SEX <b>male</b>	6 COLOR OR RACE <b>white</b>	7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8 DATE OF BIRTH <b>May 14, 1868</b> <del>Aug - 17 - 1876</del>	9 AGE (in years last birthday) <b>81</b>	10 HOURS IN BED <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>fireman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>JAMES J. GLENN</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Mahon UNKNOWN Mary Fahy</b>	14 NAME OF HUSBAND OR WIFE <b>MARGARET</b>		
15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16 SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Margaret Glynn 3711 Penn</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b> ANTECEDENT CAUSES Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chs. Myocarditis</b> DUE TO (c) <b>Parotid tumor, L.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>42</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (i.e., 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 10, 1940</b> to <b>17 June, 1949</b> , that I last saw the deceased alive on <b>16 June, 1949</b> , and that death occurred at <b>9:25 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William W. Gibb</b> (Degree or title)			23b. ADDRESS <b>200 W. 1st St. Mt. Olivet, Mo.</b>		23c. DATE SIGNED <b>20 June 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/20/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (STATE) <b>KANSAS CITY, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>6-20-49</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Tamm</b>	ADDRESS <b>20 W. LINWOOD</b>		

Items #8,9,13b amended by order of District Court Judge of Wyandotte Co., KS  
5-29-96