

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9768
Registrar's No. 53

FILED APR 7 1945
Registration District No. 57

Primary Registration District No. 4216

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Calhoun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yr.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry
(c) City or town Calhoun
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Herbert Oscar Glenn
(b) If veteran, name war ✓
(c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 10
year 1945 hour 11:30 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar 19 1945 to Mar 19 1945
that I last saw him alive on Mar 19 1945
and that death occurred on the date and hour stated above.
Immediate cause of death: Brain tumor Duration 3 Days

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb 16 1898
(Month) (Day) (Year)

Due to Paralysis
Due to Paralysis
Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of autopsy: of 3

8. AGE: Years 57 Months 0 Days 23
If less than one day hr. min.
9. Birthplace: Wrensburg Mo
(City, town, or county) (State or foreign country)
10. Usual occupation: laborer

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business:
12. Name: J W Glenn
13. Birthplace: Salina Kan
(City, town, or county) (State or foreign country)
14. Maiden name: Emma Berry
15. Birthplace: Johnson County Mo
(City, town, or county) (State or foreign country)
16. (a) Informant: W H Glenn
(b) Address: Calhoun Mo
17. (a) Burial (b) Date thereof Mar 4 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calhoun Cemetery
18. (a) Signature of funeral director: J A Hancey
(b) Address: Calhoun Mo
19. (a) March 3 1945 (b) Dry Kitchen Deputy
(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: J A Hancey (M. D. or other)
Address: Calhoun Date: Mar 10 1945

RECEIVED

District Health Officer No. 7,

District file number 3-45-262

Date Filed 4-6-45

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3502

P. O. Address Alhambra, 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.