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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 737

Primary Registration District No. 4218

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Community Hospital
(If not in hospital or institution, write street number or location)

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

In this community Six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 710 S. Windsor
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David Gladfelter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1948 hour 3 minute 30 p. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Ellis Gladfelter-Deceased

6. (c) Age of husband or wife if deceased September 1 1958

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1948 to Oct 5 1948

that I last saw him alive on Oct 1 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>1</u>	<u>4</u>hr.min.

Immediate cause of death myocardial infarction

Due to

Due to

9. Birthplace Princeville Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 95%

Of autopsy

10. Usual occupation Farming

11. Industry or business

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? (Specify type of place)

While at work? (e) Means of injury

12. Name George Gladfelter

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mitchell McClung

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 10-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Missouri

19. (a) 10-12-48 (b) R.B. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature R.B. Kenney (M. D. or other) 10-7

Address Windsor Date signed 10-7

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

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

MOTHER FATHER

48

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1213

Date Filed 10-18-48

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 _____

William M. Turner, Registered Apprentice No. 470,
working under my personal supervision.

Signed E. D. M. Keston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.