FILED MAY 16 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13713

Registration District No. 399   Primary Registration District No. 1002   Registrar's No. 1694

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Weeks (Specify whether years, months or days)
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Hickman Mills (If outside city or town limits, write "RURAL")
(d) Street No. Wildwood Lakes (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mrs. Edna Todd Glover
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. William C. Glover, Sr.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October (Month) 16 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	11	hr. min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
FATHER 12. Name Tilmar Alvin Todd
13. Birthplace California (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Lisetta Elizabeth Durwenick
15. Birthplace California (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. William C. Glover, Sr.
(b) Address Wildwood Lakes, Hickman Mills, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation California, Missouri
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Apr 29 1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27 year 41 hour 4:43 minute P. M.
21. I hereby certify that I attended the deceased from Crown , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Second and third degree burns of legs arms and trunk — Duration
Due to
Due Dress caught afire from burning trash in back yard
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

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) Accident
(b) Date of occurrence 2/25/41
(c) Where did injury occur? Hickman Mills Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fire
23. Signature O. A. Fetch (M.D. or other)
Address Crown Date signed 4/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. C. 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, above space should be left blank.