

CERTIFICATE OF DEATH

Dist. No. 350 1968 Serial No. 176

P. D. VS-002 (6-1-45)

1. Place of Death: Ohio
 (a) County Ohio
 (b) Magisterial District _____
 (c) City or town Wheeling
 (d) Address Ohio Valley Gen. Hospital
 (If outside city or town limits, write RURAL and give town)
 (Street address, hospital, or institution)
 (e) Length of stay in hospital or inst. (yrs., mos., or days) 1
 (f) Length of stay in this community (yrs., mos., or days) _____

2. Home (Usual Residence) of Deceased:
 (a) State W. Va. (b) County Ohio
 (c) City or town Wheeling
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 115-33rd. Street
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3 (a) Full Name John Wesley Glasscock

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rhoda Dubula
 6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 7-22-1857

8. Age Years 89 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Wheeling, Ohio, W. Va.
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Thomas Glasscock

13. Birthplace Virginia

14. Maiden Name Julia Glasscock

15. Birthplace Virginia

16 (a) Informant's signature John Glasscock
 (b) Address Wheeling W. Va.

17 (a) Burial (b) Date thereof 2-27-47
 (Burial, cremation, or removal) (month) (day) (year)
 (c) Cemetery or crematory Peninsula Cem.
 Location Wheeling W. Va.

18 (a) Funeral director (signature) J. P. Atmeyer
 (b) Address Wheeling W. Va.
 Fr. Dir. License No. 6 Embalmers No. 616

19. Filed Feb. 27, 1947 James H. Carson
 Registrar.

MEDICAL CERTIFICATION

20. Date of death Feb 24 19 47, at 12.05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21, 1947, to Feb 24, 1947, and that I last saw him alive on Feb 24, 1947.

Immediate cause of death Cerebral Hemorrhage
 Due to Arteriosclerosis
 Due to _____
 Other conditions _____

Duration 3 days

(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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

22. If external causes contributed to the death fill in the following:

(a) Accident, suicide, or homicide _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
 (Specify type of place)
 (e) Means of injury _____

23. Signature John D. Meier M. D. or other
 Address Wheeling, W. Va. Date signed _____

3-26-47

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

John Wesley Glasscock
Wheeling, Ohio