

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH22138  
Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
 (b) Township SPRINGFIELD Primary Registration District No. 2001  
 or  
 (c) City SPRINGFIELD (d) Street No. St. John Hosp. St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4972. PRINT FULL NAME Louie Miller

(a) Residence, No. Ava, Missouri St.  Ava, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.P. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cherryvale  
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Ed P. Pennington

14. BIRTHPLACE (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucinda Brown

16. BIRTHPLACE (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. L.O. Casselman  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava, Missouri DATE June 20, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer  
 (ADDRESS) Springfield, Mo.

20. FILED 6-20-1939 Chas. A. George Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939 to June 15, 1939  
 I last saw her alive on June 15, 1939 Death is said to have occurred on the date stated above, at 8 p.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset  
6-10-39

Other contributory causes of importance:

Coronary Thrombosis

6-13-39

Name of operation none Date of S.R.G. Blood exam.  
 What test confirmed diagnosis? S.R.G. Blood exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) S. E. Glenn, M. D.  
 (Address) Springfield, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

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