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Dr Glynn

21767

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21767

Registration District No. 316 | Primary Registration District No. 2001 | Registrar's No. 543

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

1. PLACE OF DEATH:

(a) County: GREENE

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

(c) Name of hospital or institution: 957 Benton (If not in hospital or institution, write street number or location)

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

In this community 463

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene

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

(d) Street No. 957 Benton (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

8. (a) PRINT FULL NAME: GEORGE E. DILLARD

3. (b) If veteran, name war: none

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Sarah E. Dillard

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: Sep (Month) 12 (Day) 1860 (Year)

8. AGE: Years 79 | Months 9 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: Unknown (City, town, or county), Mo. (State or foreign country)

10. Usual occupation: R.R. Engineer

11. Industry or business: R.R. Engineer

FATHER 12. Name: George A. Dillard

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

MOTHER 14. Maiden name: Elizabeth Gibson

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

16. (a) Informant: Ralph Dillard

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: J. R. Lingner Co.

(b) Address: Springfield, Mo.

19. (a) June 28 1940 (Date received local registrar) (b) W. C. Handley (Registrar's signature) Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1940 hour 11 minute 35 a. M.

21. I hereby certify that I attended the deceased from Mar 3, 1940 to June 26, 1940, that I last saw him alive on June 26, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	3 mo
Due to Chronic Myocarditis	
Arteriosclerosis	10 yr
Due to Toxic adenoma thyroid	1
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy:

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)

(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

23. Signature: Robert Glynn (M. D. or other) MD

Address: Springfield Date signed 6/26

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1948

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 William Jack Flood

Licensed Embalmer No. 4071

P. O. Address Springfield

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.