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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Walsh

State File No. 35354

Registration District No. 318 FILED NOV 12 1940

Primary Registration District No. 2001

Registrar's No. 877

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: 2644 East Ave. 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

0 (d) Street No. 2644 East Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Franklin Glore

3. (b) If veteran, name war no

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 Ermin Glore

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 19 (Day) 1864 (Year)

8. AGE: Years 76 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Retired Railroad Engineer

11. Industry or business

FATHER
12. Name Ben Glore
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name (Unk.) McCauley
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Lou Glore
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-29-40 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1940 hour 10 minute 45 a. M.

21. I hereby certify that I attended the deceased from Oct 15/ 1940 to Oct 26 1940
that I last saw him alive on Oct 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 9 day

Due to arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 82 W

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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 W. T. Walsh (M. D. or ~~other~~)
Address Springfield Mo. Date signed

(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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.