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Dr. Horton

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31613

Registration District No. 318 Primary Registration District No. 2021 Registrar's No. 732

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Springfield~~, 516 South
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lloyd Robert Heinz
3. (b) If veteran, name war no
3. (c) Social Security No. 515-05-9448
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vivian Heinz
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Feb. (Month) 11 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
36.	6.	26	hr. min.

9. Birthplace Toledo (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Representative
11. Industry or business International Correspondence School
FATHER
12. Name Joseph Heinz
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name E. E. Long
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Vivian Heinz
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-9-41. (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) KYB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1941 hour 8 minute 45 a. M.
21. I hereby certify that I attended the deceased from Sept. 3, 1941, 19__, to Sept. 7, 1941, 19__; that I last saw him alive on Sept. 6, 1941, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration 3½ days

Due to (1) Fracture, compound, comminuted both bones left leg, mid third. — 3½ days

Due to (2) Fracture, comminuted, left pelvis with inward dislocation of the hip — 3½ days

Other conditions (Include pregnancy within 3 months of death) TOC 10/21

Major findings:
Of operations Non Collision
Had driven car in filling station. Hit by another auto while standing this

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) accident
(b) Date of occurrence Sept. 3, 1941 1:?
(c) Where did injury occur? Springfield, Greene, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Service Station, Mitchell & Benton (Specify type of place)
While at work? no (e) Means of injury auto
23. Signature James D. Horton (M. D. or other)
Address Springfield, Mo Date signed 9/9/41

934 (Licensed Embalmer's Statement on Reverse Side)

OCT 2 3 1941

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 w the above constitutes grounds for revocation of license.)

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