

FILLED NOV 1 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 819

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: City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 6 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Galloway
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Troy Miller

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 Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 6 12 hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Orville Miller

13. Birthplace Seymour Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davenport

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

16. (a) Informant Orville Miller

(b) Address Galloway, Missouri

17. (a) Burial (b) Date thereof Oct. 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-14-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

907 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1941 hour 8 minute 35 p.M.

21. I hereby certify that I attended the deceased from 10/11/41 19 to 10/11/41 19
that I last saw him alive on 10/11/41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastric-Enteritis with marked dehydrating
Due to Cause of gastroenteritis not determined (observed only one day)
Duration ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. Roland Langston (M. D. or other) Om 2
Address Springfield, Mo. Date signed 10/14/41

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

9
2
6

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, fact should be so stated above.

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