

FILE MAY 8 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 290

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:
Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days)
 In this community **64 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **620 W. Walnut**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Lemuel G. Trogdon

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** // 5. Color or race **White**
 6. (a) Single, widowed, married, / divorced **Married**
 6. (b) Name of husband or wife **Elizabeth Trogdon**
 6. (c) Age of husband or wife if alive **Unknown years**
 7. Birth date of deceased **July 28 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	8	17	hr. _____ min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Manager Paint Company**

11. Industry or business **Paint Company**

MOTHER FATHER { 12. Name **D. F. Trogdon**

13. Birthplace **Unknown / North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Reiff**

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

16. (a) Informant **Mrs. Elizabeth Trogdon**
 (b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **4/17/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
EAST LAWN CEMETERY

(c) Place: burial or cremation **Alma Lohmeyer Funeral Home**

18. (a) Signature of funeral director **Springfield, Missouri**
 (b) Address _____
 19. (a) **4-17-42** (b) **DV W. S. Hardy**
(Date received local registrar) (Registrar's signature)
107 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
 year **1942** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 13 1942 to April 15 1942**
 that I last saw him alive on **April 15 1942**
 and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral Hemorrhage**

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

Major findings:
 Of operations **8301**
 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? _____

23. Signature **A. W. Gifford** (M. D. or other) **0**
 Address **Springfield, Mo** Date signed **4-16-42**

MAY 26 1947
MAY 18

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

Wayne Finkle

Licensed Embalmer No. *3444*

P. O. Address *Springfield, Mo.*

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.