. S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Glenn

State File No. 41240

FILED JAN 9 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1067

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: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days (Specify whether
In this community ~~24 Days~~ 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. 1016 E. Blaine 6
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George T. McKenna

3. (b) If veteran, name war No
3. (c) Social Security No. UNK.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. (Month) 29 (Day) 1871 (Year)

8. AGE: Years 74 Months 10 Days 28 If less than one day hr. min.

9. Birthplace HUDSON (City, town, or county) MICHIGAN (State or foreign country)
10. Usual occupation Retired Locomotive Engineer
11. Industry or business Frisco R.R.

FATHER
12. Name Tim McKenna
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Julia Sullivan
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Ed. McKenna
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/45 (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) 12-31-45 (Date received local registrar) (b) Dr W E Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour 8:00 minute p. M.

21. I hereby certify that I attended the deceased from Dec 13, 1945 to Dec 27, 1945 that I last saw him alive on 12-27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary occlusion with Congestive Failure	less than 24 hrs
Due to Arteriosclerotic heart Disease with Aortic insufficiency	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94a	

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 E. E. Glenn (M. D. or other)
Address Springfield Mo. Date signed 12/28/46

984

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1948

JAN 10 1946

JUL 29 1948

APR 12 1948

JUN 25 1949

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.