S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. E.E. Glenn

2734 ✓

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 83

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: 718 E. Grand / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 24 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 30

(c) City or town Springfield (If outside city or town limits, write "RURAL") 1

(d) Street No. 718 E. Grand (If rural, give location) 2 6

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loyd I. Miller

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marian B. Miller

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May (Month) 29 (Day) 1904 (Year)

8. AGE: Years 41 ✓ Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Wm. M. Miller
13. Birthplace Douglas County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Shinpaugl
15. Birthplace Douglas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. L.I. Miller

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/46 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

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

(b) Address Springfield, Mo.

19. (a) 1-29/46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1946 hour 4 minute 20a.m.

21. I hereby certify that I attended the deceased from 11-11, 1945, to 1-27, 1946 that I last saw him alive on 1-26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis for Advanced	2 1/2 Mo
Due to Reactivation of old lesions	
Due to	
Other conditions Empyema, left (Include pregnancy within 3 months of death)	1 week

Major findings:
Of operations 13 hr
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)

(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 1/28/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1946

FEB 18 1946

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 Ray H Mercer, Registered Apprentice No. 380, working under my personal supervision.

Signed L Dwight Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Me

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.