No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23281

FILED AUG 2 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 590

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: 1419 North Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

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. 1419 North Missouri
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT S. DAILY
3. (b) If veteran, name war UNK.
3. (c) Social Security No. UNK.
4. Sex male
5. Color or race white
6. (a) Single, married, widowed, divorced married
6. (b) Name of husband or wife Blanche Daily (wife)
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased March 21, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	75	3	20	hr. min.

9. Birthplace Manchester, ~~Ohio~~ (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Rural mail carrier
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace UNK (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)
16. (a) Informant Mrs. Blanche Daily
(b) Address 1419 North Missouri, Sfld. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 46 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address 534 St. Louis St. Springfield, Mo.
19. (a) 7-12-46 (Date received local registrar) (b) R. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1946 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from 1/28/46, 19..., to 7-11-, 1946, that I last saw him alive on 7-8-, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	2 days
Due to Acute Nephritis with uremia	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations
Of autopsy 120

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 C. E. Feller (M. D. or other)
Address Springfield Mo Date signed 7/12/46

111 (Licensed Embalmer's Statement on Reverse Side)

NOV 19 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 L. A. C. Roof

Licensed Embalmer No. 3044

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.