S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Lemmon 23308

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 579

**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. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk 84

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

(d) Street No. Aldridge (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Con 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 Married

6. (b) Name of husband or wife Marie Spidell Miller

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July (Month) 16, (Day) 1874 (Year)

8. AGE: Years 71 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Manuel Miller
13. Birthplace UNK (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Cynthia (UNK)
15. Birthplace UNK (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Marie Miller

(b) Address Aldridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove, Cem.

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

(b) Address Springfield, Mo.

19. (a) 7-10-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8 year 1946 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from 7/7/46, 19, to 7/8/46, 19; that I last saw him alive on 7/7/46, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary thrombosis | 48 hrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 940

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 S. B. Lemmon (M. D. or other) M.D.

Address Springfield MO. Date signed 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

## 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 Walter E. Hamilton

Licensed Embalmer No. 3808

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.**