S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12250

Registration District No. 122 | Primary Registration District No. 5456 | Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No South Campbell St. road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether)
In this community: 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Marshfield, Missouri Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Myron Lyn Luginbill
3. (b) If veteran, name war: UNKNOWN
3. (c) Social Security No.: unknown
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: none years
7. Birth date of deceased: July 30, 1928 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19	8	11	hr. min.

9. Birthplace: Wood Mt. Saskatchewan, Canada (City, town, or county) (State or foreign country)
10. Usual occupation: student
11. Industry or business: none
FATHER
12. Name: B. Franklin Luginbill
13. Birthplace: Mt. Ridge, Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Edith Kaegiancs
15. Birthplace: Mt. Ridge, Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: B. F. Luginbill
(b) Address: Marshfield, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield, Mo.
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: 630 St. Louis St
19. (a) April 13-48 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 11 year: 1948 hour: 2 minute: 25 P.M.
21. I hereby certify that I attended the deceased from: no physician was attending 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Crushing injury of chest
Fracture of skull
Due to: Collision of automobile in which he was a passenger,
Due to: with a truck
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: April 11, 1948 3 p.m.
(c) Where did injury occur? Greene Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? no (e) Means of injury: Automobile
23. Signature: C. Stone Coroner (M. D. or other)
Address: Springfield, Mo. Date signed: 4-13-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 48-4-34
Date Filed 4-19-48

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 Richard E Watts Registered Apprentice No. 206 working under my personal supervision.

Signed Jerrell E Windle

Licensed Embalmer No. 2831

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.