FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 22825

Registrar's No. 569

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: 1340 N. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1340 N. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Twimon Glore
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-03-9424
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Atha Glore
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: January (Month) 26 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	5	15	hr. min.

9. Birthplace: Hickory Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Carpentering.
MOTHER FATHER
12. Name: W. Henry Glore
13. Birthplace: Ill. (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Mariah Bilderbach
15. Birthplace: Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Virgil Glore
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: Jno Klingner + Co.
(b) Address: Springfield Mo.
19. (a) 7-13-48 (Date received local registrar) (b) W E Hardy MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7-6- 19 48 to 7-11- 19 48 that I last saw him alive on 7-11- 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia	5 days
Due to:	
Due to:	
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):
(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: 7/12/48

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

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

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. 4071

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.