

S. No. 2
DM-5-43
v. 5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Glenn
State File No. **41240**

FILED JAN 9 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1067

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 24 Days
(Specify whether years, months or days)
 In this community 24 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹
 (c) City or town Springfield ²
(If outside city or town limits, write "RURAL")
 (d) Street No. 1016 E. Blaine ⁶
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George T. McKenna
 (b) If veteran, name war No
 (c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
 year 1945 hour 8:00 minute p. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife UNK.
 (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased Jan. 29, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 13 1945 to Dec 27 1945.
 that I last saw him ~~her~~ alive on 12-27 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>74</u>	<u>10</u>	<u>28</u>	hr. min.

Immediate cause of death
Acute coronary occlusion with coronary thrombosis
 Due to Arteriosclerotic heart disease with acute myocardial infarction
 Due to _____

Duration
Less than 24 hrs.

9. Birthplace Hudson MICHIGAN
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Retired Locomotive Engineer
 11. Industry or business Erisco R.E.
 12. Name Tim McKenna
 13. Birthplace Unknown Unknown ⁹
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Sullivan
 15. Birthplace Unknown Unknown ⁹
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 94a

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

16. (a) Informant Ed. McKenna
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's

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? _____

18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.
 19. (a) 12-31-45 (b) B. W. H. H. H.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature E. E. H. H. (M. D. or other)
 Address Springfield, Mo. Date signed 12/28/45

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

984

(Licensed Embalmer's Statement on Reverse Side)

SEP 3 1948

JAN 10 1945

JUL 29 1948

APR 12 1948

JUN 25 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

X