S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. E.E. Glenn

State File No. 41208

Registration District No. 1284

Primary Registration District No. 2000

Registrar's No. 872

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 3 Weeks (Specify whether
In this community 3 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Mt. View
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME George N. Surbaugh

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Surbaugh

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

7. Birth date of deceased Feb. (Month) 2 (Day) 1884 (Year)

8. AGE: Years 60 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name John Henry Surbaugh
13. Birthplace UNK. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Abigail Suddath
15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank R. Nelson
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. View, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-4-44 (Date received local registrar) (b) Dr. W. G. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1944 hour 9:00 minute a. M.

21. I hereby certify that I attended the deceased from 11-3-, 1944, to 12-2, 44; that I last saw him alive on 12-1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac dilatation	Instantaneous
Due to: Arteriosclerotic Heart Disease	1 year
Due to:	
Other conditions: Hypertrophied prostate; died (Include pregnancy within 3 months of death) on table in 2nd stage of operation	
Major findings: Of operations: Hypertrophied prostate	
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 E. E. Glenn (M. D. or other)

Address Springfield Mo. Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

4

DEC 28 1944

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. 3858

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.