

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 43220Registration District No. 10/112 49Primary Registration District No. 4149

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County DAVIESS 2
 (b) City or town COFFEY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

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

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME WILLIAM FRANCIS PLYMELL

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife Maggie Plymell 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased 8 21 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 3 7 hr. min.9. Birthplace HARRISON Co. MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name ELKANA PLYMELL13. Birthplace DO NOT KNOW _____
(City, town, or county) (State or foreign country)14. Maiden name ANNA LOWE15. Birthplace HARRISON Co. MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant's own signature C. D. Plymell(b) Address Catonsburg Mo17. (a) BURIAL (b) Date thereof 12/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WHITE OAK CEMETERY18. (a) Signature of funeral director S. M. Hines(b) Address Bethany Mo19. (a) Dec. 16, 1939 (b) Mrs. H. Cunningham
(Date received local registrar) (Registrar's signature)2. USUAL RESIDENCE OF DECEASED: 1(a) State MISSOURI (b) County DAVIESS(c) City or town COFFEY
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1939 hour 12 minute 30 P. M.21. I hereby certify that I attended the deceased from Jan. 10,
1938, to Sept 10, 1939.that I last saw him alive on Sept 10, 1939.
and that death occurred on the date and hour stated above.Immediate cause of death Acute Insufficiency Duration _____

Duo to _____

Duo to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. Frank Hedges (M. D. or other) 1Address Catonsburg Date signed 12/12/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;

District File Number 140-1846

Date Filed MAR 10 1940

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, above space should be left blank.