

STANDARD CERTIFICATE OF DEATH

State File No. 44148

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 152

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Neosho
 (c) Name of hospital or institution: 116 1/2 W. Spring St.
 (d) Length of stay: In hospital or institution 7 YEARS.
 In this community 7 YEARS.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Neosho
 (d) Street No. 116 1/2 W. Spring St.
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CHARLES DENT PLUMLEE
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22 year 1939 hour 7:45 minute A M.
 21. I hereby certify that I attended the deceased from Nov 23rd 1939, to Dec 21st 1939; that I last saw him alive on Dec 21st 1939; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lizzie 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased August 29 1885

Immediate cause of death _____
 Due to Carcinoma of Stomach
 Due to _____
 Other conditions Chronic Ulcer of Stomach
 (Include pregnancy within 3 months of death)

8. AGE: Years 54 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Mass. Clay County Tenn
 (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business _____

MOTHER FATHER
 { 12. Name John T Plumlee
 { 18. Birthplace Unknown Unknown
 { 14. Maiden name Leah Mass
 { 15. Birthplace Unknown Unknown

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy None
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature: Kenneth Plumlee

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? None
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address Beatonville Arkansas

17. (a) Removal (b) Date thereof 12-22-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatonville Arkansas

18. (a) Signature of funeral director William M. Sweeney
 (b) Address Beatonville Arkansas

While at work? _____ (Specify type of place)
 Signature Melvin McLaughlin (M. D. or other) MD
 Address San. Bldg. Neosho Date signed 1/22/39

19. (a) 1-3-40 (b) Mal. R. Salway
 (Date received local registrar) (Registrar's signature)

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

Rev. 5-17-39 I X19311

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

Death Officer No. 6,

District No. 140-224

Date Filed JAN 12 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.....

Gail K. Gay

Registered Apprentice No. 189

working under my personal supervision.

Signed *Corley Thompson*

Licensed Embalmer No. 3259

P. O. Address Neosho 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, above space should be left blank.