

FILED AUG 14 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24268  
2878  
Registrar's No.

Registration District No. 599

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 329 South Askew  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE BELL PLOUD 130

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter A. Ploud 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 20, 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Sweet Springs, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name William Stogsdill

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Hay

15. Birthplace Nelson, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Ploud

(b) Address 329 S. Askew

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Zwick & Yahn Co.

(b) Address Kansas City, Mo.

19. (a) July 18, 1940 (Date received local registrar) (b) M.M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 329 South Askew  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 17<sup>th</sup> day July  
year 1940 hour 11 minute 25a. M.

21. I hereby certify that I attended the deceased from 4/24  
19 40 to 7/16 19 40;

that I last saw her alive on 7/16 19 40;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to Hypertension 95B<sup>2</sup>

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 George C. Bee (M. D. or other) M. D.

Address 1630 Professional Bldg. Date signed 7/18/40

**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

*Harold Perry*

Licensed Embalmer No. *4097*

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.**