

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
RECEIVED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5776

State File No.

548

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

48  
38  
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:  
2307 Charlotte  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 24 Years  
years, months or days

3. (a) PRINT FULL NAME MARGARET ANGELINE PLUMMER

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

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

6. (b) Name of husband or wife Benj. F. Plummer 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. 24 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name John Crockett

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

14. Maiden name June Frances

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

16. (a) Informant Benj. F. Plummer  
(b) Address 2307 Charlotte

17. (a) Burial (b) Date thereof Feb. 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 7/7/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48  
M.L.  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2307 Charlotte  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6  
year 1941 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1941  
to Feb 6, 1941  
that I last saw her alive on Jan 31, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach let. no.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations None  
Of autopsy: \_\_\_\_\_

Duration  
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?

361  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury D

23. Signature W. W. Wallace M. D. or other MD  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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

*Henry F. Wade*

Licensed Embalmer No. *4172*

P. O. Address *15 C. 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.**