

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13851

Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 8
 (b) Township N. Union Primary Registration District No. 203 Registered No. 268
 (c) City Eastman, Mo. (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Eastman St. Rural
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy A. Place
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1867
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 1 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. farm
 10. Date deceased last worked at this occupation (month and year) Dec 1940 11. Total time (years) spent in this occupation 60 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North part of Missouri
 FATHER 13. NAME Nelson (Plaster)
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Nancy Place Eastman, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Eastman cemetery DATE Apr 21, 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Reese Charshaw, Missouri
 20. FILED Apr 24, 1941 Gas A. Logan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 194122. I HEREBY CERTIFY, That I attended deceased from Oct., 15, 1940, 19....., to April 19, 1941, 19.....

I last saw him alive on April, 17, 1941, 19..... Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Mitral insufficiency
Senility

Date of onset

Oct., '41

Other contributory causes of importance:

CholecystitisOct. '41Name of operation none Date of.....What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Russchally D.D., M.D.(Address) W. B. Sear, MO.

RECEIVED

District Health Officer No. 76

District File Number 5-41-748

Date Filed 6-5-41

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.....

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw, N.Y.

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.