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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28194

State File No.

Registration District No. 266 Primary Registration District No. 5378 Registrar's No. 45

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

1. PLACE OF DEATH
(a) County Dent
(b) City or town Rural Wathier Township
(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 54, 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dent 033 0 0
(c) City or town Rural Wathier Township
(If outside city or town limits, write "RURAL")
(d) Street No. Salem, Missouri-Route
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Vergie Maud Plank.
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 1 (Month) 23 (Day) 1887 (Year)

8. AGE: Years 54 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Dent Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Invalid
11. Industry or business —
MOTHER FATHER
12. Name Jasper Plank
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lizie Welch
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Chas Martin
(b) Address Salem, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Round Pound
18. (a) Signature of funeral director Hobson & Graulhan
(b) Address Salem, Mo.
19. (a) 7-22-41 (Date received local registrar) (b) A E Butler MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 1:00 minute P M.
21. I hereby certify that I attended the deceased from July 18, 1941, to July 18, 1941, that I last saw her alive on July 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Entero-Colitis	10 days
Due to	
Due 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? — (Specify type of place)
While at work? (e) Means of injury —
23. Signature A E Butler MD (M. D. or other) MD
Address Salem, Missouri Date signed 7-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 8511868
Date Filed

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 N D Hobson, Registered Apprentice No. ..... working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

P. O. Address Salem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.