

FILED SEP 10 1941

Registration District No. 3

Primary Registration District No. 3026

State File No.

Registrar's No. 114

1. PLACE OF DEATH:

- (a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Chillicothe Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 4 1/2 hrs (Specify whether
 years, months or days)
 In this community ✓ years, months or days

3. (a) PRINT FULL NAME None3. (b) If veteran,
name war ✓3. (c) Social Security
No. ✓4. Sex Male 5. Color Wk 6. (a) Single, widowed, married,
race Wk divorced 26. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased August 14 41
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days ✓ If less than one day
4 hr. 20 min.9. Birthplace Chillicothe Mo.
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name Paul Bernon Plaff13. Birthplace Livingston County Mo.
(City, town, or county) (State or foreign country)14. Maiden name Leola Elizabeth Taylor15. Birthplace Chula Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Paul B. Plaff(b) Address Trenton Mo. R#217. (a) Burial (b) Date thereof 8/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chillicothe18. (a) Signature of funeral director Donald F. Gordon(b) Address Chillicothe Mo.19. (a) 8-15-41 (b) H. M. Trace, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day fourteenth
year 1941 hour 8.2 minute 35 P.M.21. I hereby certify that I attended the deceased from Aug 14
1941 to Aug 14 1941;
that I last saw him alive on Aug 14 1941
and that death occurred on the date and hour stated above:

Immediate cause of death

Premature Birth
(at 7 mo)
Cause unknownOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

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?

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature H. M. Trace (M. D. or other) _____
Address Chillicothe Date signed 8/15/41

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..... *Donald F. Gordon*

Licensed Embalmer No..... *4191*

P. O. Address..... *Chillicothe 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.