

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 110

1. PLACE OF DEATH:
(a) County NEWTON MO
(b) City or town NEOSHO RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROUTE 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Thomas J Plaster

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

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

6. (b) Name of husband or wife Bertina Plaster 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 2 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business GROCERY

12. Name Milton Plaster

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name SARA OSBOIN

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

16. (a) Informant's own signature Bertina Plaster
(b) Address Neosho Missouri

17. (a) Removal (b) Date thereof 11-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jeplin, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Neosho Mo

19. (a) 11-1-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 30 year 1941 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from August 9, 1941 to Oct. 30, 1941 that I last saw him alive on Oct. 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute angina pectoris

Due to Arteriosclerosis

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None 94 R
Of autopsy None

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 [Signature] (M. D. or other) 0
Address Neosho, Mo. Date signed 11-1

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File Number 1141-1725

Date Filed NOV 12 1941

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 Ogle Stone Jr.
Licensed Embalmer No. 4976
P. O. Address Neosho 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.